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RESPONSES TO SURVEY

JUN 14 1979

BY INTERIM COMMITTEE ON HUMAN SERVICES

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PREFACE

The 1977 Legislature established an Interim Committee on Human Services to study the human services delivery system in Montana. As part of its efforts to gather as much information as possible, the Committee surveyed legislators, and human service administrators, providers, and client groups. The responses to the survey are presented in this publication.

The survey asked respondents to: (1) Describe areas of unnecessary overlap, duplication, and inefficiency in the human services delivery system; (2) describe areas in which the system is deficient; and (3) suggest ways to improve the system.

Surveys were mailed to 481 individuals. In addition, the survey and instructions for responding were published in the *Montana Human Services Review* and in the *Association of Montana Counties Newsletter*. Moreover, a press release was issued soliciting the views of interested persons. As of September 26, a total of 77 responses had been received.

The responses are arranged in the order in which they were received, except that responses from legislators are grouped together. An index listing the respondent and the general area of his or her concern precedes the surveys. The views of respondents employed by a department of state government reflects the individual's views and do not necessarily represent the views of the department.

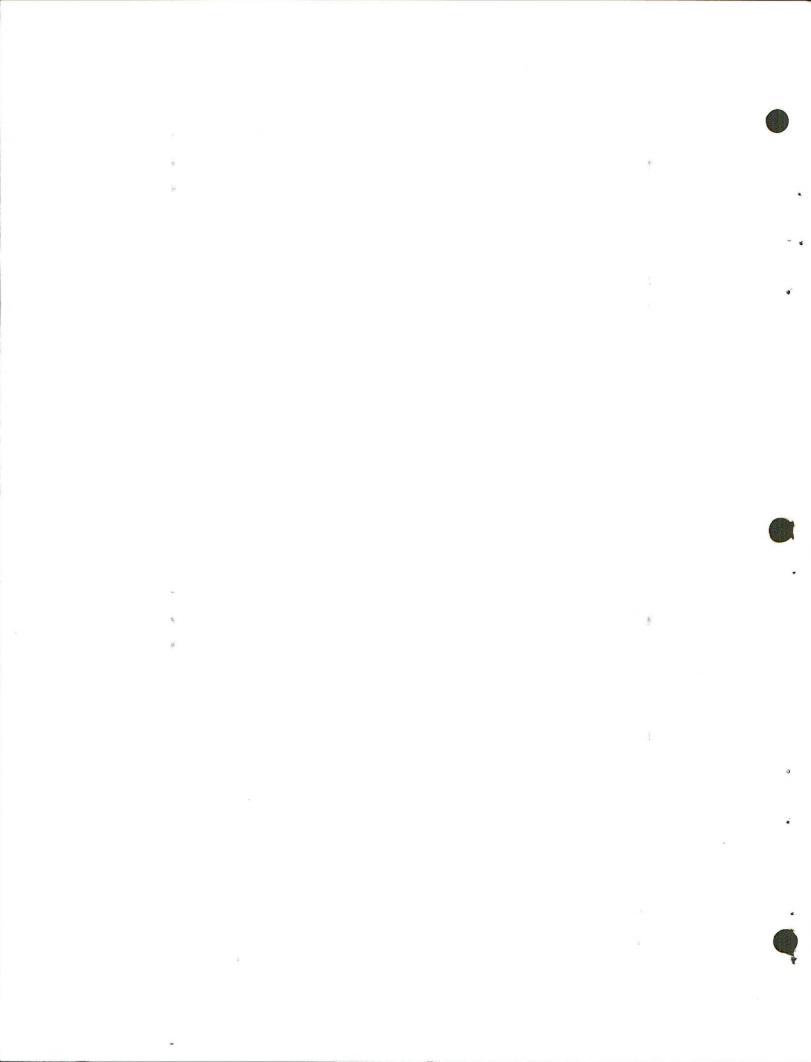
The Committee extends its appreciation to all of the respondents for their time and efforts in responding to the survey.

The publication of the responses to the Committee's survey in no way precludes further comment from interested parties. Responses to the survey are still welcome and will be distributed to the Committee as they are received. Moreover, the Committee will be soliciting public comment during a series of public hearings in the future.

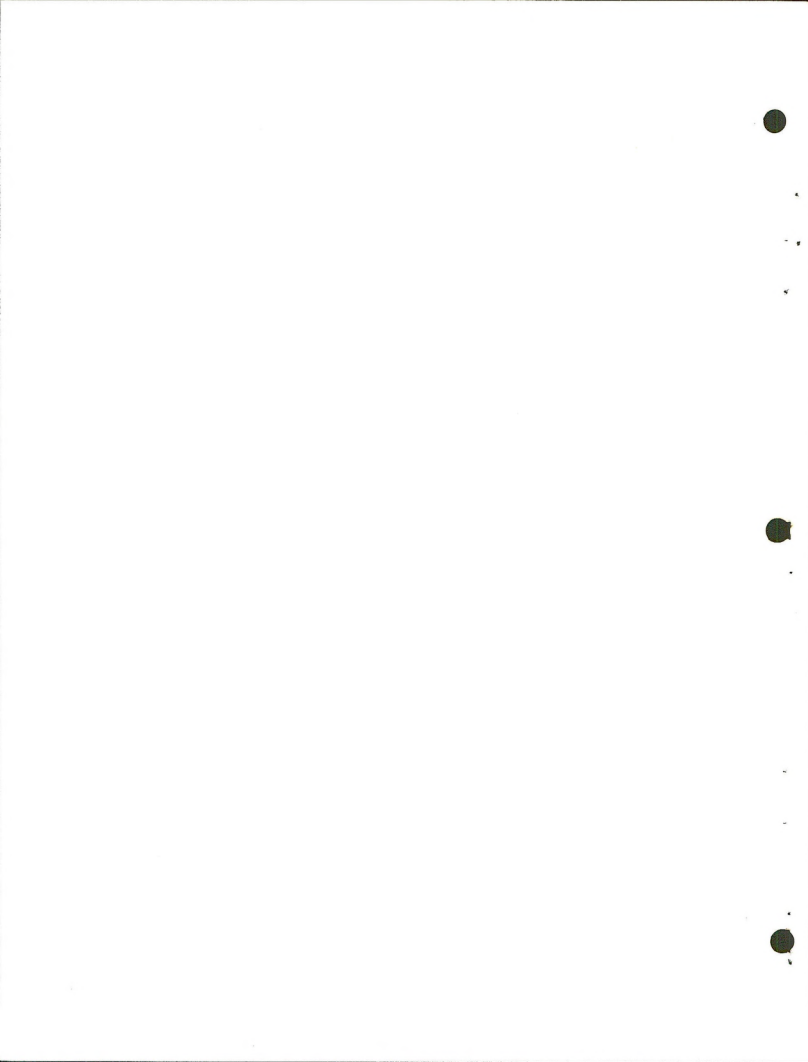
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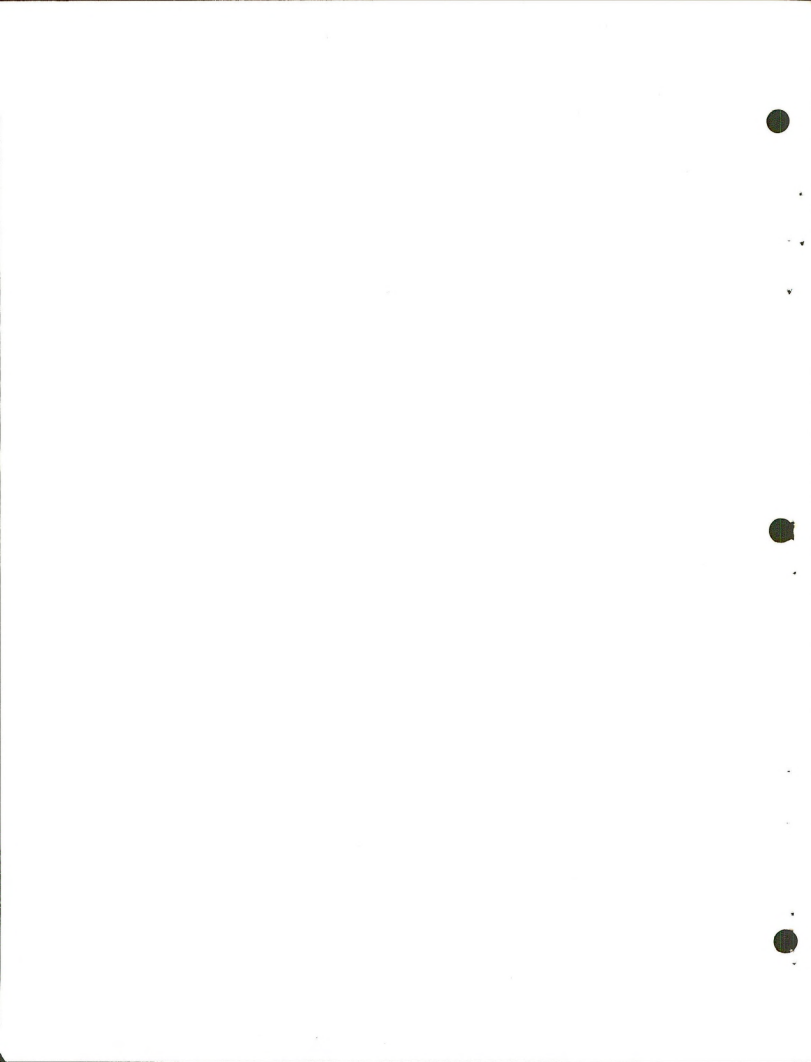
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Department of Health and Environmental Sciences
STATE OF MONTANA HELENA, MONTANA 59601

August 23, 1977

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TO: Richard Hargesheimer, Researcher
Montana Legislative Council

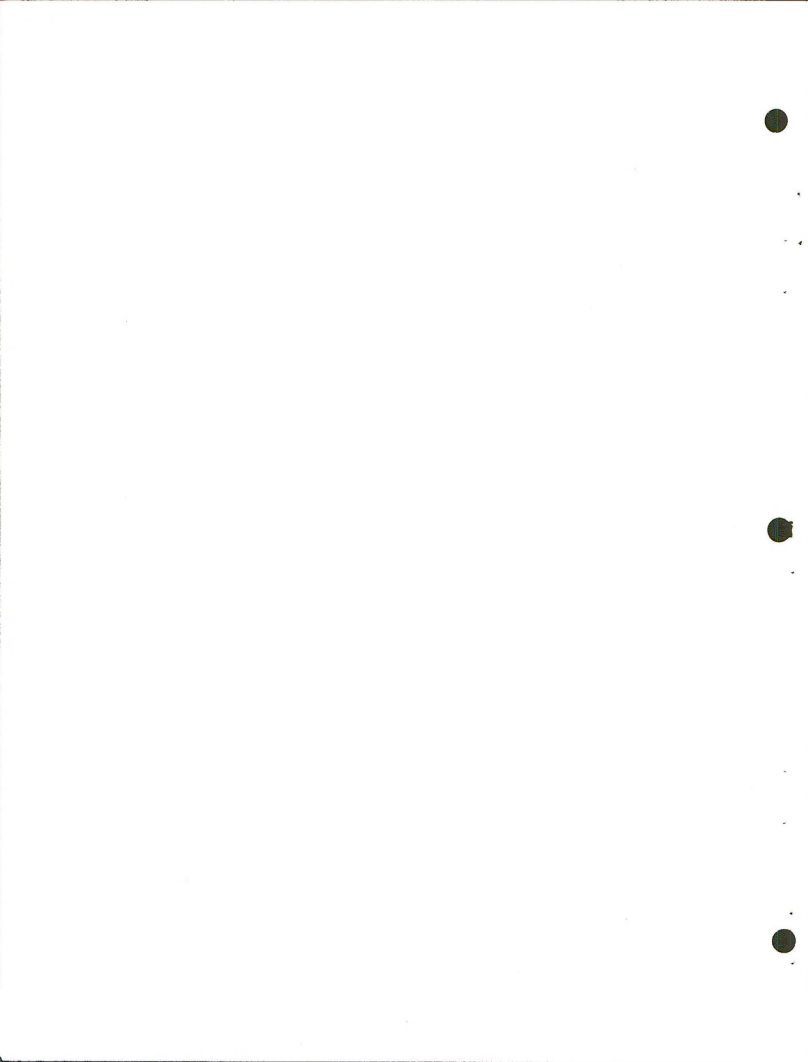
FROM: John S. Anderson, M.D., Administrator *JS*
Health Services Division

RE: State Human Services

Although it may seem confusing to the Legislature and to the public seeking services, I do not find any duplication of programs we offer here and those of other agencies.

Where I think there is the most confusion is at the local level. State Agencies have a number of field staff and branch offices at various locations in the state. There does not seem to be any effort to coordinate these services. If the state could decide which cities are "headquarters" for all state human service programs for each of the twelve state planning districts, this would help. If the staffs could be housed in the same building, there would be even greater improvement.

With tuberculosis on the decline, we think it logical for the State Health Department to take over the entire tuberculosis control program including inpatient care. The inpatient part could be by contracting with a few general hospitals in the state. Galen State Hospital would not be needed then for tuberculosis patients. We have experienced some lack of reporting by Galen State Hospital of discharged patients. This information is vital to us.



County of Roosevelt

DEPARTMENT OF PUBLIC WELFARE

BOX 370

Wolf Point, Montana

59201

OFFICE PHONE 653-1512

August 25, 1977

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

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AUG 29 1977

MONTANA LEGISLATIVE
COUNCIL

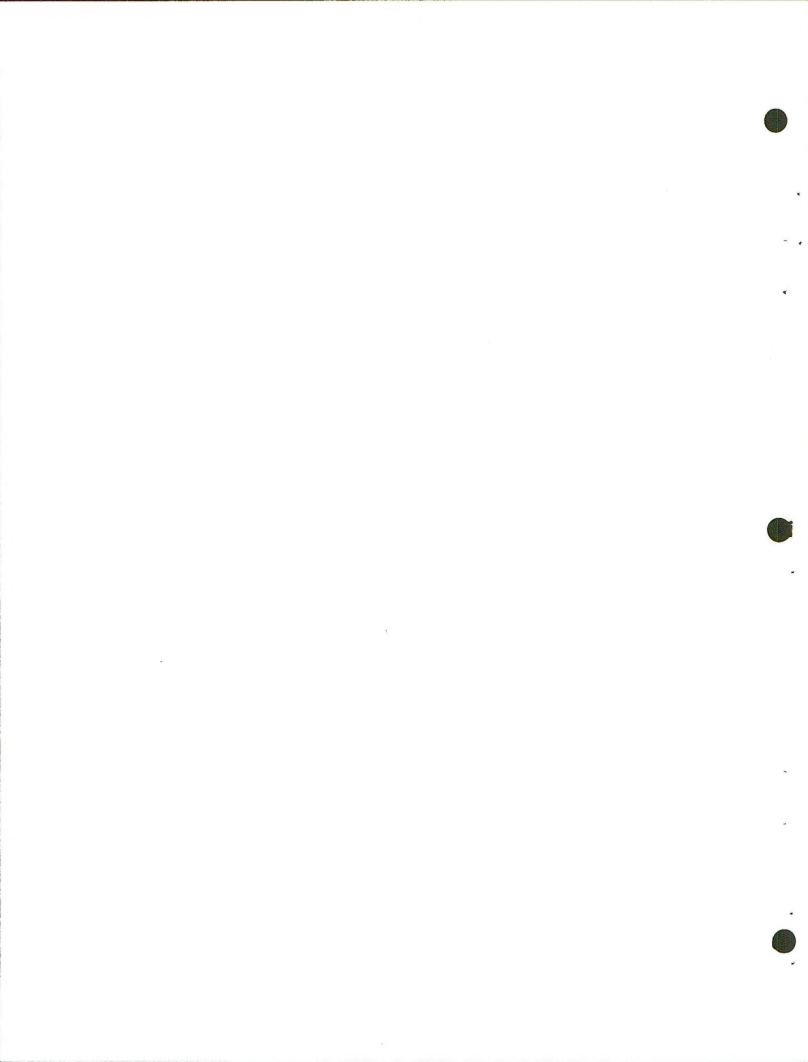
Dear Mr. Hargesheimer:

I am really pleased to be able to answer your request for input into the problem of making the human service agencies more responsive to the needs of clients. I am afraid that I am going to raise more questions than answers, but I am delighted for a chance to spell out some problems as I see them.

Many of my clients are aged - they live both in nursing homes and more independently. With very few exceptions, money is their over-riding concern. They cannot comprehend the Medicare-Medicaid-Social Security-SSI-Food Stamp tangle, and I can certainly understand why. Many, many of them are forced to make pay-backs to Social Security because of over-payments. Some of these over-payments are blatantly Social Security's fault, but most of them occur because the clients are honestly confused by the rules and regulations. I have found that pay-backs in other assistance programs stem from similar situations. Many workers and supervisors cannot believe that people do not understand the rules - but especially when a client is dealing with several agencies and programs, it is an easy thing to become overwhelmed by the varying regulations.

Action for Eastern Montana provides some valuable services to our elderly (RSVP-Weatherization-Meal Programs); I wish other services to the elderly could be as clear cut and simple as these. If any of them are nightmares for the administrators, at least the nightmare is not passed on to the client. One thing that I would like to propose to ease things for our elderly clients living alone at a SSI payment level would be to allow them a full allotment of food stamps free. To expect them to pay \$38.00 for \$50.00 worth of food stamps on an income of \$170.00 a month is ridiculous. Good nutrition is extremely important for the elderly, but many of them go without adequate diets in order to pay their bills. It would also simplify the eligibility determination and relieve the elderly of hasseling with at least one set of regulations.

Farmer's Home Administration has money for housing grants and loans for the low income and the elderly. Yet it is virtually impossible for the low income and/or elderly to get the very monies set aside for them. Is there some way the Montana Legislature could put pressure on the state offices to be more responsive? I can personally document a long, drawn out procedure I had with FHA in Bozeman in trying to obtain such a loan.



An outstanding problem, for single parents especially, is the lack of day care. Not only is it difficult to get good day care for young children, but the cost is prohibitive. A parent supporting two children on a minimum wage salary is not eligible for free day care. Full time day care for two children would cost this parent a minimum of \$180.00 a month and yet he/she would gross only \$368.00 a month. It is not an unusual situation for a parent caught in this bind to stop working and rely on the welfare payments of \$222.00 that he/she would otherwise receive. Obviously, it would be less expensive, financially speaking, to pay at least a portion of the children's day care. In terms of self esteem, the establishment of a working pattern for the family, and increasing independence, it could be invaluable.

We need to use some imaginative methods of recruiting new day care centers and operators. With an abundant supply, we can be selective in matching children to their caretakers, rather than taking whomever we can get - which is the disastrous position we are in now. The lack of good day care keeps some parents from working - when they otherwise could.

I have, myself, not experienced a great deal of overlap or duplication of services. On occasion I have visited an elderly client to find that RSVP has also been visiting them. If we are not providing a unique service, I just back out or keep up a minimal contact. I try not to get in the position of becoming a quasi staff member for the nursing homes, Public Health, BIA, or other agencies, but to keep our services available to them on a cooperative and appropriate basis. A little intelligent management can minimize any tendencies to duplication that I have encountered. I am personally pleased that other agencies are helping our clients, but I do get concerned about the clients possibly getting caught in a shuffle between agencies - gaps in service are more prevalent than duplication, from my experience.

If it were somehow mandatory for all communities to have an inter-agency council of some kind, it would be very helpful. Our local group set up a Human Services Directory which has been an extremely valuable aid in locating and defining resources for our clients.

Thank you for this chance to express my concerns about our human services system. Please contact me if you want further explanation on any issues I have raised.

Sincerely,

Fritzi Redgrave

^{RS}
Fritzi Redgrave
Social Worker I
Roosevelt County

FR:ks

(Mrs.) Delores M. Shelton
County Director III



STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES

P.O. BOX 4210
HELENA, MONTANA 59601

August 25, 1977



THOMAS L. JUDGE
GOVERNOR
PATRICK E. MELBY
DIRECTOR

TO: Richard Hargesheimer, Researcher
Montana Legislative Council

FROM: Don Lee, Regional Representative
Helena Regional Office

RE: Human Services

In response to your request I will give you input as to what I believe to be areas of overlap, duplication, and deficiency in our present human service system.

One of the biggest areas of overlap within our present system is found in the process of intake. That is, when individuals needing a specific service are requested to fill out applications. It is my feeling that one common application should suffice for inter as well as intra-agency purposes. This would be more efficient for service providers as well as consumers.

A common (single purpose application) would reduce administrative costs while at the same time lessen service delivery time.

Another area that I see as deficiency is in our human service delivery to the rural communities of the state. Without elaborating in great detail, I have enclosed a copy of my West Yellowstone Project to you. Inherent within this project is perhaps a means by which we might make human services more accessible to rural and our isolated areas.

Another area I see as a problem for consistent program delivery on a statewide basis is the separation between state and county responsibilities regarding the welfare program. The state is responsible for program supervision while the county is administratively responsible! This concept is sometimes hard to operationalize. It tends to put some county directors in the position of playing the county against the state and vice versa.

My suggestion would be that the state assume both administrative as well as supervisory responsibility.

Another area I would like to address is that of co-location of human service agencies. This would lead to reduced administrative cost, better coordination of services (especially for clients participating in varied programs), and reduce the tendency of overlap and duplication.

Although I work for SRS I am offering the above suggestions as my personal view. My input does not necessarily reflect the official position of the SRS Department.

Thank you for the opportunity to respond to your request.

cc Don Lee

The Big Sky Country



STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES

1518 North Avenue South, Suite 1
Great Falls, Montana 59405



August 26, 1977

THOMAS L. JUDGE
GOVERNOR
PATRICK E. MELBY
DIRECTOR

Joe Brand, Chairman
Interim Committee on Human Services
State Capitol
Helena, Montana 59601

Re: Request for Assistance

Dear Mr. Brand:

Last year a Great Falls Citizens Committee, of which I was a member, considered the overlapping and duplication of Human Services and agencies in Cascade County. Our final listing had 150 agencies or organizations, public and private, providing Human Services in the county. Today some of these agencies have disappeared, but new ones have taken their place and I would assume the number remains the same. The Committee did cross reference services and organizations but was unable to find a solution for the duplication.

On the local level I would suggest a county committee to act as a clearing house for any local private agency or group requesting public funds for operation. This committee would act to set priorities and allocate available money much as Title XX fund requests are screened and allocated at the State level by the Community Services Division of S.R.S. This is now done locally by United Way in determining priorities and amounts in regard to local requests for community funds.

A strong information and referral system on the State level for Human Services would also help people seeking the proper agency or source of needed help. This would be an expansion of the services now offered the elderly by the "Governor's Citizen Advocate" with S.R.S. Aging Services.

Thank you for your consideration of these suggestions and if you wish amplification of any of the above, please let me know.

Sincerely yours,

(Mrs.) Laulette I. Hansen
Regional Representative, Region 11

LIH:mh

cc: Lee Tickell, Management Services Officer

Box 464
Superior, Montana
August 29, 1977

Richard Hargesheimer
Montana Legislative Council
State Capitol
Helena, Montana 59601

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MONTANA LEGISLATIVE
COUNCIL

Dear Sir,

This is in response to a letter from Mr. Joe Brand, Chairman.

Mineral County is a small county with about 3000 population. Most of the Services are located in Missoula.

Social Security comes out once a month but often does not have enough papers on the client to accomplish any thing so the client has to go to Missoula. I have been in the Missoula office twice. The first time I received a Royal Runaround. The next time the service was wonderful. It is 60 miles to that office.

Vocational Rehabilitation is the same. They make token trips through the county about once a month. I drove to Missoula with a boy and was told there was no one in the office who handled Mineral County people to come back. 60 plus 60 plus 60 plus 60 miles. I think that when a person "qualifies" for Rehabilitation - he is past help.

The Veterans Representative comes once every three months. They are very very unresponsive to peoples' needs. Last month a man drove to Helena for examination and was sent home unexamined. He had filed three sets of papers. Where did one and two sets go?

Welfare has one person on full time and she works very hard to cover all the local problems of the low income people. There is a part time Food Stamp person. I think that this service from the two of them is adequate.

Human Resources of District 11 has a Director and a CETA Assistant. The office workers work at many programs; Governor Carter's Energy Program to pay old bills for low income people, Summer Youth Employment and Winter School Youth Employment, Crisis Intervention, Weatherization, Green House, Solarized houses and Trailer Houses, Migrant and Seasonal Employment Program, and other programs as they come up for funding.

We had a Head Start Program for years but was a part of the Missoula Program. We have a transient population and could not come up with enough children in April for a September Program so our share of the money went to Missoula County. I believe it is still called the Missoula Mineral Head Start Program and they are getting money based on *population*.

We had a Family Planning Program the same way - Missoula and Mineral County. Missoula decided our people could drive to Missoula for services. They fired the Family Planning worker in Mineral County and took all the money. I think that the Program is still listed as Missoula Mineral and is drawing money on our low income population. It is a 60 to 90 mile drive to Missoula and not many go for help.

We have a School Health Nurse but not a Public Health Nurse. She gives blood pressure clinics and immunization clinics in the county on a limited basis. There would be much work for a full time County Health Department.

Some of our mothers have driven to Missoula to get Women, Infants' and Children Program help. These few cases have been when the ride has been provided.

In August 1977 a new Day Care Program started with the help of two CETA workers. This will provide a place for the children of working mothers, and for others who have to leave their children for a time.

The District 11 Mineral County Director is a volunteer representative of the Montana Job Services and makes referral to and from the County to the Office in Missoula. It would help to have a person from Missoula Job Service come to the County once a week for Unemployment Claims and other services. Each person has to drive the 60 Miles to Missoula to sign up.

We do not have Mental Health services from the area agency since the County could not afford to pay their share. When we did pay the share the Mental Health people arrived at ten A.M. and instructed our office and others on how to handle the people requiring the help. We refused to do their job. They left the County at 2,00 P.M. as one of them had a class to teach at the U. We do take advantage of the free services at the University in Missoula.

We had our own Agriculture and Stabilization Office in the County but that was moved to Missoula too. We have a local Board who meets with the Director but most farmers have to make the trip to Missoula to get services.

Since applying for Day Care we have been told that there is no money for our new service.

I don't know how to get better services. It seems they just write us off. One day a month is not enough but every day is too much. Maybe we should get the money and pay as the services are performed. With the USFS owning 82% of the county we do not have the tax base to supply our own services.

Sincerely,

Edna E. Grey



STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES

P.O. BOX 4210
HELENA, MONTANA 59601

August 29, 1977



THOMAS L. JUDGE
GOVERNOR

PATRICK E. MELBY
DIRECTOR

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, MT 59601

Dear Mr. Hargesheimer:

The August letter of Joe Brand cites instances of lack of rational design, duplication, inefficiency, and deficiency in the Montana Human Service delivery systems. From personal observation I would agree with the following assessment:

1. Lack of rational plan - The delivery systems have developed mostly as extensions of past structures. The process added new layers on inadequate management foundations. The reorganization of state government was based on a legal analysis with little attention to effective management practices. In essence, old wine in new bottles. It would be only by the merest chance that the present structure would have rational design;
2. Duplication - The charge of duplication can always easily be made in a complex system. However, I believe that this charge results from the inadequate definitions of the services provided. Because no one really knows what services are provided by the name of a service and many services have relatively similar names, people conclude that great amount of duplication (i.e., the same services to the same clients by different departments) exists. Although a degree of duplication exists, I believe that a more precise term of confusion should be used to more accurately describe the situation;
3. Inefficient - In any complex system without any effective management control system in place, inefficiency is sure to be present. This occurs not so much by a conscious effort by managers but because of the lack of an adequate control system;
4. Deficiency in client service - The by-product of a system characterized by the above is bound to have glaring deficiency in client service.


Many states in the past have faced similar situations and concluded because the present complex systems are unmanageable they would become more manageable if they were made more complex (i.e., the Department of Human Services). Bigger is better does not produce anything but quantum steps in inefficiency, lack of responsiveness and lack of accountability. I base this conclusion on my experience as a management consultant for the Washington State Department of Social and Health Services (DSHS). If one cannot control or even determine what the present small scale departments are actually doing, how can one even hope to approach the problem at the grand scale.

I would like to suggest the following approach:

1. Clearly identify the actual present outputs (i.e., units of service actually delivered) by the current system;
2. Clearly define the administrative service structures presently managing those services;
3. Accurately determine the full cost of each service;
4. Combine the planning, budgeting and control of the various systems;
5. Analyze in a zero based budgeting approach which services are worth the cost as developed above;
6. Phase out or modify those services that are not worth the money we are paying.

I believe all this would be done without an integration of the human services into one unworkable giant department. The main thrust is a management control system that is comprehensive across all human service departments and constantly tracks the outputs in services and cost of these services. Cost/beneficial planning and budgeting would be based on this management control information. The control planning of the entire human service delivery system is in full view of the general public and the legislature and informed decisions can be made of the basis of comparable information. All this could be done without major reorganization or great expense. I have already prepared a working design model of the control system.

Sincerely,


Frank Smoyer
Consultant

hj

10-11-68

HOUMA AREA LEGISLATIVE
COUNCIL

RE: "REQUEST FOR ASSISTANCE" MEMO
Interim Committee on Human Services

Duplication and overlap:

1. Where Social Services are county administered and state supervised, there is a great potential area of conflict and duplication between the county directors' viewpoint and that of the state level supervisor. It is my impression that where the social services supervisor is a county employee (as in Missoula, Great Falls, Silver Bow County, and Yellowstone County), there is not such a diverging of aims, nor in the smallest counties where the social worker and county director are the same person, working with the state supervisor.
2. Mental Health workers frequently duplicate services by welfare social workers, homemakers, or service aides.

In areas of contracted services, contracts are sometimes poorly written and almost unenforceable, or not monitored properly to see that the tax payers are receiving the services intended. Examples being the 4-C's and Aging Services contracts in eastern Montana.

The position of regional c-ordinator of SRS has fallen far short of the goal of coordinating services and maintaining good publicity and public relations. Would like to see the money for the salary and FTE allocated elsewhere where there is greater need.

DEPARTMENT OF PUBLIC WELFARE

COUNTY OF MINERAL

STATE OF MONTANA

SUPERIOR, MONT. 59872

31 August 1977

PHONE 822-4551
AREA CODE 406

TO: RICHARD HARGESHEIMER, RESEARCHER
MONTANA LEGISLATIVE COUNCIL

RE: HUMAN SERVICES DELIVERY - MINERAL COUNTY, MONTANA

MINERAL IS A SMALL COUNTY, POPULATION 3,500. THE COUNTY SEAT IS LOCATED 60 MILES FROM MISSOULA. OUR PROBLEM IS NOT A DUPLICATION OF SERVICES, RATHER IT IS AN ABSENCE OR DEFICIENCY OF SERVICES.

THEORETICALLY, VOCATIONAL REHABILITATION, VETERAN'S AFFAIRS, DEVELOPMENTALLY DIS-ADVANTAGED, VISUAL SERVICES, COMMUNITY ORGANIZATION AND AGING SERVICES ARE ALL AVAILABLE THROUGH THE SOCIAL AND REHABILITATION SERVICES (SRS) DISTRICT OFFICE IN MISSOULA. IN POINT OF FACT THERE IS ONE WORKER IN THE COUNTY WELFARE OFFICE WHO IS REQUIRED TO PROVIDE ALL THESE SERVICES ON A REFERRAL BASIS. THE SPECIALIST IS BUSY IN MISSOULA AND RAVALLI COUNTIES SO IT USUALLY WORKS OUT THAT A SOLUTION MUST BE PROVIDED LOCALLY.

LEGAL AIDE SERVICE IS PROVIDED BY AN ATTORNEY WHO COMES TO THIS COUNTY FOUR HOURS PER MONTH, ON THE FIRST AND THIRD TUESDAY.

SOCIAL SECURITY SENDS A REPRESENTATIVE TO THIS COUNTY TWO HOURS PER MONTH ON THE THIRD FOURTH WEDNESDAY. HE IS HERE FROM 10 AM UNTIL NOON. ALL SOCIAL SECURITY AND SSI APPLICATIONS MUST BE HANDLED BY THAT OFFICE. CONSEQUENTLY MOST EVERYONE MUST DRIVE TO MISSOULA TO APPLY.

JOB SERVICE DOES NOT PROVIDE ANY SERVICE, IT IS NECESSARY FOR ALL APPLICANTS FOR UNEMPLOYMENT COMPENSATION OR ANYONE LOOKING FOR A JOB TO DRIVE TO MISSOULA. THIS IS ONLY 30 MILES FROM ALBERTON BUT IT IS NEARLY 90 MILES FROM THE WEST END OF THE COUNTY.

INDIANS LIVING IN THIS COUNTY DO NOT RECEIVE ANY HEALTH OR OTHER SERVICES FROM THE BIA BECAUSE THEY ARE OFF THE RESERVATION.

THERE IS NO PUBLIC HEALTH NURSE, NO MENTAL HEALTH SERVICE BECAUSE THESE HAVE NOT BEEN FUNDED BY THE COUNTY COMMISSIONERS. THE SANITARIAN IS SUPPOSED TO COME OUT FROM MISSOULA BUT NO ONE APPEARS TO KNOW WHEN. THERE ARE TWO DOCTORS IN THE COUNTY, ONE OF WHOM IS DESIGNATED PUBLIC HEALTH OFFICER. IMMUNIZATION CLINICS ARE SCHEDULED BY THE SCHOOL NURSE.

THIS COUNTY APPLIED TO BE DESIGNATED FOR WIC FUNDING TWICE BUT WAS DENIED BECAUSE THERE IS NO PART OF AN INDIAN RESERVATION WITHIN OUR BORDERS. HEAD START AND FAMILY PLANNING HAVE BOTH DISCONTINUED SERVICES IN THIS COUNTY.

ALCOHOL ACTION SERVICES ARE PROVIDED ON A ONCE-A-WEEK BASIS AND HAVE BEEN VERY GOOD. PLANS ARE BEING DEVELOPED TO HIRE A COUNSELOR LOCALLY.

WE ARE FREQUENTLY CHOSEN AS A SURVEY AREA, MEETINGS ARE HELD, PROBLEM AREAS DEFINED, THEN NO FOLLOW-UP ACTION IS EVER TAKEN. MINERAL IS ALWAYS INCLUDED WITH MISSOULA COUNTY AS THE RURAL AREA, STATISTICS ARE GATHERED BY NUMEROUS AGENCIES BUT VERY LITTLE ACTUAL SERVICE IS PROVIDED.

I HAVE DISCUSSED THIS WITH THE REPRESENTATIVE OF DISTRICT 11, HUMAN RESOURCES DEVELOPMENT COUNCIL, WE FEEL THREE RECOMMENDATIONS WOULD BE OF IMMEDIATE BENEFIT:

1. EMPLOYMENT SECURITY DIVISION, JOB SERVICES, SHOULD HAVE A REPRESENTATIVE IN THE COUNTY ONE DAY PER WEEK TO HANDLE UNEMPLOYMENT COMPENSATION CLAIMS, JOB LOCATION AND REFERRAL, CETA AND OTHER PUBLIC SERVICE EMPLOYMENT.
2. SOCIAL SECURITY REPRESENTATIVE SHOULD BE PRESENT AT LEAST SIX HOURS ON THE ONE DAY HE COMES HERE AND SHOULD HAVE FILES OF APPLICANTS AVAILABLE.
3. PUBLIC HEALTH SERVICES SHOULD BE AVAILABLE ON A FULL-TIME BASIS BY FUNDING AND STAFFING THE OFFICE OF PUBLIC HEALTH NURSE.

MINERAL COUNTY WELFARE DEPARTMENT

Edna Brader

(MRS) EDNA BRADER, DIRECTOR



400 South Clark Street
59701

Butte, Montana

August 31, 1977

John Frankino, Director
Montana Catholic Conference
P.O. Box 1708
530 N. Ewing
Helena, Montana 59601

Dear Mr. Frankino:

In consultation with our Social Services Director, we came up with the following input regarding the human services programs in Montana.

Silver Bow County

1. No Material and Child Care for follow-up on high risk cases.
2. No constant assigned social case worker for geriatric Medicaid intake in nursing homes. Also, no follow-up system for those who return to the community.
3. No local clearing office thru SRS to confirm transportation payment regarding those in need of further medical service in another community. At times this air and surface ambulance service is challenged after the fact.
4. Regardless of stated claims, there is no 24 hour child abuse communications system with SRS. Even the local office number is "busy" for hours, especially Mondays and Fridays. This line should be an unshared private line for CPS only, with an answering service for after hours and week-ends.
5. A coordination of Home Health Care with SRS Homemakers, and the Senior Citizens Club, and Diner's Club to establish a day care center for the semi-active elderly citizen, where preventative health care, the meal, and a social program is evident. At this time three of four agencies provide different inter-related services in different locations, or on a make shift basis in the home. This could reduce the number of Medicare and Medicaid patients in the convalescent centers and nursing homes, and give people the incentive to remain independent longer.

Area

With a quarterly budget request of \$48,184.69 for the Alcoholism portion of the S.W. Montana Alcoholism and Mental Health programs set aside to be utilized for a 7 county area with an approximate population of 100,000 inhabitants, and using the nations (low) figure of 5.2% we can project a potential of at least 5,000 chronic alcoholics. Montana's per capital figures however are 10.1% or an estimated 10,000

ST. JAMES COMMUNITY HOSPITAL
Butte, Montana

(Page 2)

chronic alcoholics spread out over this large area. With the money ear-marked for treatments or out-reach, it seems incredulous that three counselors (which is in reality one short) are expected to service 3,333 clients each. I suggest more money for field workers to treat this epidemic health and social problem in Montana.

You may use this input in the best way you see fit.

Thank you for the opportunity.

Sincerely,



Sister Mary Clarice Lousberg
Aministrator

SMCL:lc

Copies: William Leary - MHA
W.F. Ikard - SRS

Warm Springs State Hospital

WARM SPRINGS, MONTANA 59756

WHEN WRITING
PLEASE GIVE NAME OF PATIENT
VISITING HOURS
9-11 A.M. 1-4 P.M. DAILY

August 31, 1977

Mr. Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

This letter is in response to your memorandum regarding input into the delivery of human services in Montana. The context of my response is mainly limited to mental health and reflects my personal views from the standpoint of a professional hospital administrator.

The future of State mental hospitals should be considered only in the context of a unified system of care and treatment of the mentally ill. Plans to phase out public mental hospitals should include plans to avoid phasing in unacceptable replacement programs. Deinstitutionalization to avoid dehumanization must guarantee that more than just a change in the residential facility is being proposed.

The state hospital should participate with the other parts of the mental health system in a unified patient-management plan, which would include a tracking system that would follow the patient from the point of entry into the mental health system to the point of exit. The tracking system would monitor the patient throughout his stay in the hospital. Where possible, the patient would enter from and exit to a community-based program, which would continue to track the patient. The staff of the hospital and the community-based program would share common employee salaries and benefits. Training programs for staff should be coordinated between the hospital and community programs. There would have to be joint agreements between the community and hospital for administrative decision-making and clinical staff with interlocking appointments and shared duties. The state hospital and local programs should be funded through a single funding system.

The standards of the Joint Commission on Accreditation of Hospitals must be enforced and immediate action should be taken to bring the facilities up to standard. The standards developed in the Wyatt V. Stickney ruling should be considered minimal. All state facilities should conform to the state codes established for private facilities.

The concept of deinstitutionalization has had a direct impact on state hospital operations and the treatment rendered to patients at the respective institutions. The experiences in California during the past 10 years illustrates the need for state institutions to handle the residual population, which was a counter to their original intent to phase out all state institutions. The major problems encountered were the lack of appropriate planning within the community, duplication of services and control over expenditures. This is evident by the legislative auditors' investigation and the use of up-front monies from Warm Springs State Hospital to fund patients transferred

from Warm Springs for care in the community. As you are aware, funds were deposited into savings accounts (commercial deposits) and resulted in the modification of contracts between the regional mental health centers and Warm Springs State Hospital. Controls are still loose unless every medical chart is audited in order to insure that the patient received treatment. The other real concern is that the community is not interested in handling the problem patient that requires extensive supervision and treatment.

There are substantial benefits that can accrue from an economic standpoint due to the diminishing workload within institutions, if the above issue is addressed properly. Fixed costs are between 50 and 60% of the operating budget at the respective institutions. If the state is to derive an impact on reduced funding level, you should be considering the phasing out of one or two of the major institutions. This can be accomplished in the following ways:

Alternative I:

1. Movement of non-ambulatory patients from Boulder to Galen State Hospital where the administration works well and the morale among the employees is high. The physical plant is in better shape than at Boulder River School and Hospital and you can achieve operating efficiency such as centralized warehouse, laundry, payroll and personnel functions if the institutions are located in close proximity (Deer Lodge, Galen and Warm Springs).
2. The Drug and Alcohol Programs at Galen State Hospital could be transferred to Warm Springs State Hospital where the original concept for these programs was fostered and implemented.
3. Staff members at Boulder River School and Hospital, who are involved in the treatment and training phases of patient care could be transferred to the staff at Galen.
4. The acute hospital at Warm Springs State Hospital (44-bed unit) could be utilized to serve all the medical needs of both the mentally retarded and mentally ill patients at both institutions. The present census of this unit is 10 patients and it is completely certified and meets all the Life-Safety specifications, as outlined by the Department of Health and Environmental Sciences.

An alternative approach in handling the political ramification of the immediate phasing out of Boulder is to establish a program, in which you transfer patients in two phases. The initial phase would be to transfer the non-ambulatory developmentally disabled to Galen and then to transfer all ambulatory developmentally disabled from Warm Springs and Galen to Boulder which would perpetuate Boulder on a minimal staffing basis during the next biennium. The second phase would be to develop group homes in the community where the residual could be transferred and the unplaceables returned to Galen State Hospital.

If the above planning process did not take place, and the emphasis was on an overall reduction in the funding level of each of the institutions, then you could jeopardize all three institutions by an inappropriate funding level whereby treatment could be hampered and the state would have problems meeting the intent of Senate Bill 377,

which mandates treatment.

Alternative 2:

To develop mini-institutions which involve a one-time state expenditure for capital construction, with transfer of appropriate staff from Warm Springs to the community facilities. The other advantages of this approach are as follows:

- a. New buildings would meet the Life-Safety standards as defined by the Joint Commission on Accreditations of Hospitals and A.N.S.I. (American standard specifically for making buildings and facilities assessable to and usable by the physically handicapped).
- b. Easier to recruit professional staff in urban areas.
- c. Set up mini-institutions as quasi-state/community facilities in order to receive reimbursement from Medicaid.

The disadvantages are as follows:

- a. Duplication of staffing and services. The vast majority of patients currently cared for in state hospitals could be adequately treated in the community if a comprehensive spectrum of psychiatric services and residential alternatives were established.
- b. Competition for funding between the community mental health centers and the mini-institutions.
- c. Clarification of the role of private acute psychiatric hospitals and the mini-institutions. Mini-institutions should not be considered for each of the five mental health regions.

In the long run, the expense for construction is minimal in comparison with the on-going operating expense for salaries and supplies. One of the problems you have at Warm Springs which results in carrying excess staff, is the housing of patients and staff in a variety of different buildings rather than achieving efficiency in operation by centralizing all functions in one main building.

The Department should have a firm idea of the role of both the institutions and the community agencies with respect to the provision of service to the mentally retarded and the mentally ill within the next 10 years. Planning for the state hospital and the community-based mental health program should be the same.

The other real concern is the problem of reimbursement. As you are aware, there have been problems with Medicaid reimbursement due to their resistance to pay for care in a state facility for the mentally ill. The status of conservatorship and the legality of the state to bill for care and maintenance for involuntary commitments is being tested by class action suits. Before the issue of whether you centralize or decentralize reimbursement, the following questions have to be answered by the attorneys for the state:

1. Who should be assigned as the conservator for the patients in cases where the Court has not noted this fact in the Court Order?
2. The legality of billing patients who are involuntarily committed (civil or criminal).
3. To consider the feasibility of filing a brief against HEW on the policy statement which limits reimbursement (Medicaid) to hospitals other than state operated. This provision was added as an after thought.

In the future, Warm Springs State Hospital will be called upon to:

1. Meet the treatment needs of seriously mentally ill persons, alcoholics and drug addicts, who cannot be managed or treated in the community.
2. Satisfy the treatment needs of acutely mentally ill, alcoholic and drug addicted persons whose illness is so severe as to preclude treatment anywhere other than the in-patient hospital facility at Warm Springs.
3. Fulfill the care and treatment needs of long-term, chronically ill patients who are considered unplaceable in a less restrictive community environment.
4. Serve as the educational and training center for the various psychiatric treatment disciplines such as psychiatry, social service, psychology, nursing, pharmacy, rehabilitation therapies and other related services.

If you have any questions, please do not hesitate in contacting me at 693-2221, ext. 2350.

Yours very truly,



Richard T. Moore
Hospital Administrator

RTM:sj
cc: Joe Brand, Chairman
Interim Committee on Human Services

STATE OF MONTANA
DEPARTMENT OF INSTITUTIONS
HELENA

To Richard Hargesheimer
Legislative Council

Date: August 31, 1977

From Marie Gillespie
Audit Coordinator & Management Consultant

Subject Information for Interim Committee on Human Services

The following is offered to be used in the deliberations of the Interim Committee on Human Services.

Representative Hal Harper was employed by the Human Services Project, an adjunct of the Office of Budget and Program Planning, whose sole purpose at one time was to study the state's human service delivery system and make proposals for improvement. I suggest you contact him regarding the work already done in that regard. I believe their reports and working papers of approximately two years of study are available through the Office of Budget and Program Planning.

I would like to encourage the continued use of the central agency (Central Office) of the Department of Institutions. This is not too surprising coming from a Department employee perhaps, but I'd like to give you and the committee an overview of what services I believe the central agency should be responsible for providing.

Executive reorganization first set the course of management practice within the Department, establishing responsibility and authority at a central level. My perception of the responsibilities of this central agency is to represent and be a service to all units of the Department. These responsibilities include:

- . organizing, preparing, presenting and controlling one comprehensive biennium budget.
- . accepting responsibility for client treatment programs.
- . accepting responsibility for adequate daily care and food service.
- . planning for adequate facilities and maintaining same.
- . assessing and collecting for services provided by certain institutions.
- . monitoring and controlling operations to see that management policy and techniques correspond to federal and state laws and to good management practices.
- . assisting in the development of new and innovative programming as indicated by necessity to change or by the recognition of improved methods.

- . aiding in the day to day decision making at institutions by discriminating data arising from research, contacts with other state or out-of-state institutions, or from the knowledge and experience of staff at the central level.
- . accepting responsibility for all legal issues and guidelines.

These responsibilities are placed at a central level to assure that accountability rests at a professional, well organized, well informed point in the state's organizational structure. From a management point of view, such a structure affixes responsibility in a manner controllable at each level of government. It is not efficient to have 10-12 small separate but related agencies needing supervision and control by a chief executive. Nor is it effective to generate agencies so large as to create multi-level bureaucracies where control is lost and the time required to respond to any given situation is impeded by an organizational maze.

Centralizing provides an effective and efficient planning and control point where responsibility and authority may be delegated if such centralization is designed around a well conceived agency. Authority to act in all areas where responsibility is placed must be included as this is essential. The authority to ensure accountability must rest with the central agency as it is ultimately its responsibility to be accountable.

The concept of a central agency in the Department appears to be a well conceived one. All of the responsibilities beforementioned may be applied to and are common to all internal agencies of the Department. All are physically established institutional type operations or closely related thereto. Honorable treatment and care of persons publicly housed or otherwise provided for various purposes is a common goal. The expanse of service is not so broad as to make the planning, implementing and controlling functions of the conglomerate unmanageable.

The division into correctional and health related areas makes the Department's services well defined and accountable. Functional areas relating to management practices, the law, food service, audit, facilities reimbursement, and research are centrally managed. Areas of the budget, treatment and care programs dissemination of relevant data and innovative programming (and the monitoring of these functions) rests with Division Administrators. With this ability to meet its' responsibilities and the Director's authority also defined the central agency concept appears sound. It is a viable mechanism in the human service delivery system.

To address the issue of services provided in a "crazy quilt patchwork fashion", it has been my experience to find a need to coordinate state, local and federal government programs. Private organizations too may be included in an analysis of total service provision. It is fast becoming the mode for private agencies to engage in the provision of services and for them to solicit government investment in or use of their programs. With these sources of government dollars for private firms, and government programs besides, it can be easily seen that it would not be long before the "right hand doesn't know what the left hand is doing" in regard to programming. Somehow we have lost the ability to catalogue the services provided to see that a broad range of needed services are available at a reasonable cost, yet duplications of effort with taxpayer's

money is kept to a minimum. At the same time, it must be acknowledged that some programs appeal to certain segments of a catchment area while others do not. Other users, however, may find such programs exactly what they desire. So, it may be advisable to have similar service offered through a variety of delivery mechanisms.

There are undoubtedly functional areas which may be consolidated in state government. For instance, problems of the aged are dealt with through Departments of Health, Social and Rehabilitation Services and Institutions. Are these programs each separate and necessary in the respective Departments or would it be more effective and efficient to combine efforts in various areas? Once the role of these departments is defined, the activities and functions will be dictated as belonging within one structure or another. A study such as yours will be a valuable tool for answering questions in areas such as this.

Cataloguing the services provided and including the use factors of those services would isolate delivery systems most accepted by society and those which are being carried with little use. Once we have catalogued and structured the system, perhaps it will not be so "crazy". Maybe we'd find the "patchwork" is necessary but we need to be sure the whole quilt is there.

MG:jw



STATE OF MONTANA

MOUNTAIN VIEW SCHOOL

2260 SIERRA ROAD EAST
HELENA, MONTANA 59601

~~XXXXXXXXXXXXXXXXXXXX~~ Lawrence Zanto
- DIRECTOR OF INSTITUTIONS

DONALD P. ROBEL - SUPERINTENDENT

August 31, 1977

Mr. Joe Brand
Chairman
Interim Committee on Human Services
State Capitol
Helena, Montana 59601

Dear Mr. Brand:

The following comments are in response to your memo regarding the delivery of human services in Montana.

The only duplication or overlap I am aware of in the field of corrections is in the area of juvenile probation and juvenile aftercare. In the past, some have suggested the two be combined but I do not particularly agree with this. I feel juvenile delinquency can best be controlled on a local level with the juvenile probation officer being appointed by the juvenile Judge. Therefore, I do not suggest that the two positions, Juvenile Probation Officer and Juvenile Aftercare Counselor, be combined but the two fields should work more closely together and should have offices in the same building.

2. Deficiencies

A. There is little emphasis being placed on the prevention of juvenile delinquency. At the present time, the emphasis is on the legal rights of the child with little or no regard for the welfare of the child. Pre-delinquent or dependent and neglected children are receiving few services. Many are allowed to do as they please until they are so beyond the control of the community that commitment to a juvenile correctional institution is the only alternative. Some of these children cannot or will not be controlled in group homes, foster homes, attention homes, achievement centers, etc. When they are committed to the juvenile correctional institution, they are frequently so damaged that it is extremely difficult to control them or change their behavior in the institution.

It is unfortunate the Children's Center is located in an isolated, rural area and that the program was not up-graded before it was closed. It is my belief, as is now happening in other states, that there will be a public backlash and the emphasis will again swing back to getting the problem child "off the streets" by committing them to an institution. This is already happening in the adult correctional field and appears to be filtering down to the juvenile field. Although the Children's Center had a poor program, did not have the proper physical plant and is in an isolated, rural area, it did provide another resource for this type of child. Unfortunately, the children were not screened properly and were kept too long. For all of the above stated reasons, it should have been closed. I fear, however, the state will be in need of such an institution within the next five years. I also fear the state will not want to build a new institution for such children. The group home, foster home, atten-

tion home, achievement center, or private institution will not work for all children. It is unfortunate such children will need to be committed to the juvenile correctional institution. This will eventually lead to large, custodial type juvenile correctional institutions which are a waste of time, money, and children. This is already happening in some states.

B. There is no real training program for correctional workers. The college courses do not provide a realistic view of the field. Most courses are taught by instructors who have not actually worked with juvenile delinquent children. The emphasis is on theory which is not practical or realistic in the real world. There is a need for instructors who have worked in a correctional institution or on the streets and have the necessary academic education.

There is absolutely no education program for the training of people like house-parents who are probably the most important people in an institution. There should be college or Vo-Tech training similar to the L.P.N. program for these people.

C. The entire correctional field is and has been under-funded and, yet, the demands and criticism are constant. The general public expects miracles but provides only marginal funding. The wages paid all correctional workers are low while the stress, danger, and demands involved are extremely high. Many correctional jobs require being on call twenty-four hours a day. This is next to impossible and "burns out" the most competent, dedicated correctional workers. No person is emotionally or physically able to do this for any length of time.

D. It is impossible to obtain a new cottage or other building for the children at the Mountain View School. Despite the age of the buildings and the fire hazard involved, I have been unsuccessful for the past eleven years in obtaining a new building (except for a \$30,000 shop building). We have developed ten year building programs, as requested, for the past eleven years. We still do not have the first building listed in 1966. I have found everyone very sympathetic toward the children in the Mountain View School and all appear to recognize the need for new buildings, but we are refused each year. The last legislative session I was not even provided insulation for the attics of these old buildings. At the same time, I was instructed to reduce the consumption of natural gas. I do not understand the system and am at a loss as to how one obtains new cottages for the children. I will not publically criticize the legislature. I will not intentionally allow incidents to occur that will emphasize the need for new buildings. I will not allow the Mountain View School children to live in slum conditions and I will continue to repair, remodel, and repaint these old buildings even though it does jeopardize the chance to receive new buildings. I will not give up on the system because I know the people involved in making decisions related to new buildings do care about these children but I do not know the mechanics of how to actually receive new cottages. I need help but I do not know where to go for assistance.

E. The Department of Institutions is frequently in a state of confusion. In eleven years I have worked for: Floyd Green, who committed suicide; Acting Director Charlie Dell; Ed Kellner, who was fired; Bob Mattson, who quit and/or was fired; Roland McCauley (Corrections Division), who quit because Mattson quit and/or was fired; and Larry Zanto, the present director. Most of the general staff employed at the Department of Institutions have never worked in an institution. There is little promotion to vacant positions in the Department from those in the Montana correctional field. It is most difficult

to work with these people who have not actually worked in a correctional institution. It is very similar to the college instructor problem listed earlier. They do not understand the problems we face. They cannot understand the problems we face. They are never around long enough to understand the problems we face.

F. Aftercare has little or no control over the boy or girl who is placed from the juvenile correctional institutions. With the emphasis on the rights of the offender, it is very difficult to have a child returned to the institution. Even when returned, the case may be challenged. There is little emphasis on the welfare of the child and the protection of the community. The Aftercare worker has no authority. The children are frequently allowed to do as they please until they commit a felony. Even then, they may not be returned due to the legal hassle of returning a violator. These children are not "cured" when they leave the institution. They need firm, consistent, and constant supervision. The Aftercare worker needs the necessary authority to control the child. The children are aware Aftercare has no real authority. Crime and juvenile delinquency will continue to increase with this approach to the problem. Our recidivist rate went down to a ridiculous five per cent in the 1975-76 fiscal year.

G. There needs to be a program initiated and funded which will allow Aftercare and Probation Officers to work for a short period of time in an institution and the institution social worker and others to work in the community.

H. The "staff development grant" program at the Department of Institutions was one of the best programs ever provided the correctional worker. It was not refunded during the last legislative session. It should be refunded but with strict guidelines set by the Legislature to be certain one or two individuals are not receiving a free ride to obtain a graduate degree. It was the best program I have seen in my twenty years of correctional experience. It did provide houseparents, social workers, teachers, administrative staff, nurses, cooks, maintenance men, watchmen, and others with training. Many attended night classes at Carroll College, extension courses, Vo-Tech, or correspondence courses. Experts (with correctional work experience) were also brought into the institution to teach the entire staff.

The program was not properly handled. It should be re-initiated with a specific portion for corrections. It should be supervised by the Administrator of the Corrections Division. Guidelines set by the Legislature should be established and followed. It was the best program ever provided to the Montana correctional worker by the Department of Institutions and the Legislature.

I. The Crime Control Division is in need of revision. The paper work needed to receive a grant, the system of approval of such grants, and the lack of correctional experience of those employed at the Crime Control Division makes it extremely difficult. The emphasis is on studies. Studies and more studies with the emphasis on theory. The amount of money spent on studies and meetings could have provided all new buildings at the Mountain View School. The money available should be used for new buildings, hiring of more staff to work in the institutions, and on the streets with the adult felons and juvenile delinquents and to raise the salaries of the correctional worker. The present system does not provide much assistance. How to match grant money is also a problem.

J. The amount of paper work required and studies going on is disruptive to an institution. At the present time, a study is being done at the Mountain View

School by the executive branch and we are being audited again. We were audited in the 1974-75 fiscal year and again in the 1976-77 fiscal year. Previous to that, we were not audited since I was appointed superintendent in 1966. No major problems were found either time. After the first audit, I did recommend we be audited more frequently, but I did not think it would be the next year.

There is a constant flow of reports needed to be filled out from many state agencies including the Department of Institutions. Someone is constantly doing a study including federal agencies and other states.

The new priority budgeting system consumes an enormous amount of time and energy with few, if any, results.

The list could go on and on but the end result is that we have less time to devote to our jobs. These reports are usually needed immediately and the operation of the institution must be second. There is not enough time to do our jobs. We do not have sufficient time to talk to staff and students. There is too much paper work.

K. When the Personnel Division reclassified all state employees, I was classified as a Correctional Institution Superintendent I & II. Ed Kellner decided I should only be a Correctional Superintendent II based on the size of the institution. I did disagree with this method but I was reduced to a Superintendent II. I was told I have the right to appeal my classification. I did appeal two and a half years ago. I have not received a response yet. They could not even find my appeal. I did appeal again. Whether I am a Superintendent III or II is not the real point. The point is that I understand we have the right to appeal. I do not understand the system. I have had no response at all. Is this common with all appeals? If so, it should be changed or eliminate the entire process.

3. Ways to Improve the System:

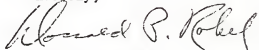
Most are listed under Item #2.

4. Additional Comments:

I appreciate this opportunity to express my opinions. This is the only such study we have been called upon to express our opinions that I can recall in the past eleven years. I hope you at least consider some of those I have listed. Regardless, I "feel better". I suggest you continue to send such questionnaires every few years, but do not become too enthused and make it an annual event. I found it to be a therapeutic experience.

Thank you.

Sincerely,



Donald P. Robel
Superintendent

DR. HENRY B. LORENTZ
Dentist
307 MONTANA BUILDING
GREAT FALLS, MONTANA 59401

September 1, 1977

The Honorable Joe Brand
Chairman Interim Committee on Human Services
Montana Legislative Council
State Capital
Helena, MT 59601

Sir:

The dental program of S.R.S. has been designed jointly with the Montana Dental Association to provide a broad and comprehensive level of dental care for all eligible recipients. For budgetary reasons a few of the more sophisticated dental services have been excluded, but the general level of care is as high as that of the public at large.


One recurring problem faced by the providers is that of adequate compensation for the services they provide. Obviously budget limits must be established, however, at times the legislature has cut the budget requests of S.R.S. Such is the case this biennium and Mr. Melby of S.R.S. has announced a freeze on allowable fees and charges by all providers. At the same time he stated there was to be no cut back in services. No allowance was to be made for inflation, increased utilization, or higher operating expenses, all of which seem certain to occur. Something has to give.

The Montana Dental Association has strongly contended that the dental care program will deteriorate if some flexibility can not be maintained in the levels of provider compensation. Individual providers will withdraw their participation in the program and quality and quantity of service will suffer.

As of this time The Montana Dental Association continues to endorse and support the S.R.S. programs. It must be obvious however that support of a program which imposes economic losses on its members while providing a decreasing level of dental care for welfare recipients is on shaky ground.

If there is a point to be made from this it is simply that legislators and politicians and administrators should be extremely careful about designing programs and promising services which they can not reasonably expect to pay for. It is unrealistic to expect providers to operate businesses at a loss or to subsidize welfare programs over which they have no control.

Sincerely,



Dr. Henry B. Lorentz D.D.S.
S.R.S. Medical Assistance Advisory Council

HBL;wb
cc: Bill Ikard S.R.S.
Dr. John Lohman M.D.A.



MONTANA ASSOCIATION FOR THE BLIND, INC.

an Affiliate of the National Federation of the Blind

1, Sept 1977
P.O. Box-1268
Great Falls,
Montana...59403

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana...59601
Dear Rich:

Got this letter from Joe wishing that I could let you know my thoughts on the services to the humanservices here in Montana. Well I have only had the chance to work with but one division of the SRS and that is the Division of the Visual Services. I think that the State of Montana is fortunate to have such a terrific agency that really knows just what the needs of the Blind are and how they can work and provide the services needed to make something out of the lives of the Blind in Montana. I have been working with them for several years and am truly very thankful we have them as a separate division of the SRS as they do an excellent job in the job of service to the Blind and the Blind only. I haven't seen any duplication of their services in any way as this is a specialty of its very own. As the President of the Montana Association for the Blind I truly am happy to have the privilege to work with this group at any time and I do work with them quite often. The Visual Services and the State Library, Division for the Blind, and the Montana Assoc. for the Blind, and the State Blind School in Great Falls all work very closely together and help one another to provide nothing but the very best of services to the Blind of Montana. You have nothing to be worried about them. You can only be rightly Proud of them and support them in every way possible. Montana Visual Services is a Model program which many of the States in the US are now following and really enthused about. As for the services that the other areas of the human services provide—I'm not aware of and I'm afraid that I just can't be of any help to you—sorry about that! I pray that this much has been of some help to you though and I'm more than willing to be of service to you in anyway I possibly can...Thank you for including me....

Faithfully yours,

Jim Sibert, President
Montana Association for the Blind, Inc.

Western Montana Regional Community Mental Health Center

T12--Fort Missoula
Missoula, Montana 59801



September 1, 1977

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

I have received the recent correspondence under the signature of Joe Brand requesting comment relative to Montana's Human Service Programs. The following comments are admittedly hastily prepared but based on some 10 years experience in this state, seven of which have been in an administrative capacity. My closest involvements as related to state government have been with the Department of Institutions.

I have been consistently unimpressed with leadership upon a state level in programs specifically associated with human services. I have come to believe that much of the problem is not because of incapable men but due to organizational conflicts where roles are unclear, responsibilities ill defined, and there is built-in potential for interagency conflict. For example, the Department of Institutions has a bureau responsible for mental retardation services and yet SRS also has many responsibilities related to the developmentally disabled. I saw the administrators of both of these agencies distressingly embarrassed last fall in an hearing before a group of legislators when the final outcome of the meeting was for the committee chairman simply to suggest that "you two chiefs should get together." My impression is that they never have. I think similar potential conflicts are present as related to the Health Department.

In Montana the primary responsibility for board control of Regional Mental Health Centers has been vested in county commissioners. These are excessively busy men who, from my experience, have other interests far surpassing their concern about mental health. I, subsequently, feel that not only does mental health get sold short as related to board involvement, commissioners also feel "put upon" by a responsibility that they, in all probability, would do well to be free of. In Mental Health Region V the Board members of the Mental Health Center have also served as the Board of Comprehensive Developmental Center and the Regional Alcohol Program. I have seen the same Board conduct three successive meetings on the same day with three different administrators. They have not even changed chairs. They simply face new administrators to discuss problems relative to the Region. The rationale for this has been the commissioners' desire to maintain fiscal controls. I suggest that that is not sufficient cause to continue with the commissioner structure.

Richard Hargesheimer
September 1, 1977
Page 2

Montana is a state with severely limited resources and with critical programming problems due in large measure to our massive geography and wide spread sparse population. I think it is a mistake for professional people with credentials that could relate to mental health, mental retardation, alcohol, drug abuse, correctional programs, and aftercare services to be restricted to a single agency. I was in a cafe eating lunch not too long ago in a community away from my home base when staff people from two other agencies based in my home community came to the same restaurant to eat. All three of us had traveled to the same community on the same day representing our agencies to contract clients--patients with problems which were really not so dissimilar but any one of us probably could have handled all the cases. I think that this duplication is a tragic loss of man power and expense and believe that an "umbrella" agency could be developed within Regional structure which would tie several of the currently operational independent agencies together. Again, I do not believe that they should operate under the auspices of a board comprised of county commissioners.

I question that there is anything your group can do about it, but I will point out what has become one of the most distressing problems which I have had over the past several months. The paperwork has become little short of insane. We are being constantly investigated, scrutinized, evaluated, and surveyed. It often seems that there is unlimited authority on the part of some agencies, particularly state of lately, to determine whether or not we "meet the standards"--"are in compliance"--"conform to regulations." For example, during the course of this past week three different agencies of state government have paid us the courtesy of informal site visits. In all candor, in my view, these visits at times seem little short of harassment. Even though those who do come in seem to have honorable intentions, there comes a time when "friendly visits" aren't welcome any more.

I hope these thoughts are of some help. I am sure if I dwelled on it longer, there would be other point to be made. I hope, through the efforts of the Human Services Committee, that some tangible legislative action can be realized.

Sincerely,



G. Clark Anderson, ACSW
Administrative Director

GCA:lk

Sept. 1, 1977
25 1st St. N.
Glasgow, Mt.

Richard Hargesheimer
Montana Legislative Council
Helena, Mt.

SFP 1977

Dear Sir;

I saw the letter asking for assistance regarding the human service delivery system. I would like to make some comments on this matter. At the present time I am the migrant and seasonal farmwork coordinator for the counties of Phillips, Valley, Roosevelt, Daniels, and Sheridan Counties for Action for Eastern Montana. In this position I am to help unemployed farm and ranch workers find either full time employment or training. I work very closely with the employment service, welfare office mental health and alcoholism counsellors in these 5 counties. So I view the human service delivery system daily.

There are many areas in which the system is deficient. There are only 2 training facilities in this area, and both of these are located on the Glasgow Air Force Base. Both of these facilities are very selective, one serves only families, the other is a WIN facility. If any of the clients in the farm program want training they have to leave the area and move to another. This creates many hardships on a family and makes many not interested in training. There are other problems with vocational training. One of these is the long wait to get into the classes.

Another deficiency is in the employment area. I work with both the Glasgow and Wolf Point Employment Service. The Employment Service in Wolf Point seems to be somewhat understaffed and has different interpretations of the CETA program than the one in Glasgow. There seems to be a problem with a high rate of unemployment. The CETA program could be better designed to help with this problem. The 15 week unemployment requirement for many CETA programs makes a multitude of unemployed people who are desperately looking for work ineligible for this "work" program.

Occasionally in Eastern Montana you will see some backstabbing between agencies, people not exchanging information, people claiming that "their" program is better than so and so's. However, I am sure that this is not done as much as it is in other places in the state. There are very few resources in Eastern Montana, and consequently the agencies do interrelate fairly well with one another, primarily because they realize they have to. A good example of this is the monthly meeting held in Wolf Point for all the agencies that work on the Fort Peck Indian Reservation. Each agency gives a program and explains what they can do. This monthly meeting is excellent because it gives everyone a chance to meet one another and discuss common problems. More associations of this type should be set up across the state.

People in Eastern Montana have a tendency to be inventive in delivery of human services because of the lack of resources. This inventiveness causes agencies to get together and offer services. An example of this is the new battered wives task force in Glasgow which has members from all agencies on it. This inventiveness is quite good.

I have a million other comments but find it somewhat difficult to write them all down. I would like to state that all of these comments are my personal opinion and not that of the agency I work for.

Sincerely yours.

Colleen Dippke



Department of Health and Environmental Sciences
STATE OF MONTANA HELENA, MONTANA 59601

A. C. Knight, M.D.

~~XXXXXXXXXX~~
DIRECTOR

September 1, 1977

Representative Joe Brand, Chairman
Interim Committee of Human Services
c/o Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Representative Brand:

This is in response to your request for assistance regarding activities of the Interim Committee on Human Services.

The first comment I would like to make is one relating to the assumptions which have already been made via the resolutions and your memo. These items imply that the present system is totally inefficient, unresponsive, and fashioned without any rational design. This indicates to me that someone or several have made the assumption that nothing is operating properly at present, and if this attitude prevails within the committee it is going to be extremely difficult to develop an objective plan for improvements. Please, let's recognize what is good now and improve on it -- but not tear the total system apart without good cause.

The resolution suggests a total abolishment of the Department of Health and Environmental Sciences. This is a very serious route to consider in view of the fact that the Department of Health's program is one of prevention, and if we do not have a very active program of preventive public health work our costs of medical care are going to be astronomical. It's much cheaper to prevent than to treat or provide care only.

The Department of Health & Environmental Sciences develops and administers almost all of their programs through some twenty-seven local health units, so any change in the state structure would significantly affect all the local units.

The suggestion that the Environmental Sciences Division of the Department of Health & Environmental Sciences be separated from health should be given very serious thought before any action is taken, in that the very existence of environmental programs in the department are based on protection of public health and prevention of disease and adverse public health conditions.

The mistake of separating environmental health from health has occurred on the state level in many states and on the federal level. The Environmental Protection Agency was organized without any consideration of the need for health

Representative Joe Brand
September 1, 1977
Page Two

backup for programs, and consequently they have had nothing but trouble in justifying and developing their programs, such as air pollution, water pollution, etc. They are now trying to add health components to their agency, but are having little success. This same kind of situation exists in many states that have separated public health from environmental health programs. (The American Cancer Society theorizes that 70 to 80 percent or more of all cancers are caused by environmental factors and could be prevented.)

There is a difference between environmental protection programs developed for the purpose of protecting public health and those which are developed for the sole purpose of protecting our environment from destruction. These are two separate components which should be kept separate.

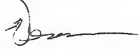
There are at present many excellent cooperative programs between the Department of Health and Environmental Sciences, SRS, and the Department of Institutions which should be studied and considered in any modification of the present system. This is not to defend the present organization of state government, but to defend the fact that there are some good cooperative programs now in existence that should be continued. The development of bigger agencies does not solve problems of communications and inefficiency.

At present there also seems to be a great deal of confusion as to what human services are in terms of studying a reorganization plan. Do human services include only mental health, public health, and welfare? Or does it also include services such as protecting the consumer against economic fraud? If it includes the latter, then it appears to me that human services covers all organizations of state government.

Those activities which relate to protection of public health should remain in a health unit and those functions which relate to social activities should remain in an organization similar to SRS. If not, another problem that develops is that the budgets and programs of SRS greatly overwhelm the public health programs to a point where public health is relegated to a very low priority. Again, this is an experience which has occurred in many other states and caused problems.

Montana needs a good comprehensive public health program integrated with all local public health programs and those of a similar nature in other state agencies. The only way to accomplish this is to build a strong visual, viable Health Department and not destroy the existing core as is proposed.

Sincerely yours,



Vernon E. Sloulin, R.S., Chief
Food & Consumer Safety Bureau
Environmental Sciences Division

VES:cp

cc: A. C. Knight, M.D., F.C.C.P., Director, Montana Department of Health & Environmental Sciences, Cogswell Building, Helena, Montana 59601



Galen State Hospital

R. F. D. NO. 1 — GALEN
DEER LODGE, MONTANA 59722

TEL. (406) 693-2281

EARNEST P. HIGGINS, M.D.
SUPERINTENDENT

JOSEPH M. BALKOVATZ
ADMINISTRATOR

September 1, 1977

TO: Richard Hargesheimer, Researcher, Montana Legislative Council

FROM: E. P. Higgins, M. D., Superintendent, Galen State Hospital

SUBJECT: Problems in Human Services Delivery System

Definite legislative guidelines are needed in several areas relative to Galen State Hospital. Specific problems are: 1. Commitment procedures. 2. Detention of patients. 3. Transportation of patients. 4. Employment of patients. Some of our present problems are noted in the attached legal opinion from Nick Rotering, Staff Attorney, Department of Institutions.

With commitment procedures we encounter problems trying to obtain an involuntary commitment to Warm Springs State Hospital. Quite frequently patients sent to Galen State Hospital have rather severe psychiatric problems which require care not obtainable here. Most of these patients will sign a voluntary commitment but the one who does not and may be a potential danger creates a serious situation both to the patient and others. Definitely it is to the patient's advantage to institute proper care including medication promptly. There is too much delay and "buck passing" under the present system. It would be advantageous to legislate an institutional transfer whereby jurisdiction rests with the Department of Institutions directly; at least for evaluation and subsequent official transfer depending upon the findings. This also would clear the present controversy as to whether patients could be transferred from one institution to another without a formal recommitment procedure.

Rather rarely, but seemingly more frequently, we find it necessary to restrain a patient. We do this reluctantly and only after concerted efforts on our part to obtain the cooperation of the patient. Some of our patients in the acute phases of alcoholism, drugs or psychoses are extremely difficult to manage. With the many aspects and interpretations of "patient's rights" we again are placed in a precarious situation as to what could or should be done in protecting the patient from injuring himself. Consideration should be made also for the personnel involved. This is a "gray area" also involving employees' rights and safety as well as liability to the institution.

Transportation of patients is fairly well outlined for voluntary commitments and presently involves funding to implement this. However, the involuntary

(continued)

Richard Hargesheimer
September 1, 1977
Page 2

commitment is obscure as noted in the attached letter. Re-evaluation of responsibility should be considered, particularly for the patient who is a constant repeater and who refuses to cooperate in treatment. We believe it is wasteful to provide funds for transportation in such circumstances and may be detrimental in the recovery of the alcoholic patient.

To rehabilitate the alcoholic patient physical work programs are of paramount importance. Many of these patients ask if it is not possible for them to participate in certain jobs. I am convinced this phase of treatment would increase our "cure" rates. My many efforts to accomplish this have run into conflicting legal interpretations.

I appreciate the opportunity to present our views and would be willing to help in any way possible.



E. P. Higgins, M. D.
Superintendent

EPH/sp

cc: Joe Brand
Nick Rotering

Department of Institutions



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Helena, 59601

August 11, 1977

Dr. E.P. Higgins, Superintendent
Galen State Hospital
RFD No. 1 - Galen
Deer Lodge, Montana 59722

Re: Legal Opinion

Dear Dr. Higgins:

I received a memo from Mike Murray of the Addictive Disease Bureau concerning some four questions which you needed some clarification on.

Concerning your first question as when and who in the institution may detain an alcoholic patient when, in the opinion of a staff member, it is in the best interest of the alcoholic, I can offer the following advice. Under consistent statutes and interpretations, only the Superintendent or the Administrator of the approved public treatment facility may detain an alcoholic at the facility. The reasons for this detention is when the person is intoxicated and whose mental or physical functioning is substantially impaired as as result of the use of alcohol, he needs treatment. (80-2709)(7). Further clarification on that issue will be answered in the next point.

The ability of Galen State Hospital to retain a voluntary patient who is still toxic from alcohol is controlled by Sections 80-2716 and 80-2717. Under 80-2716(4), a person who, by medical examination, is found to be incapacitated by alcohol at the time of his admission to the facility may be detained by the Superintendent or Administrator for a period of time until (1) he is either no longer incapacitated by alcohol or, (2) if he remains incapacitated for more than 48 hours, his admission to the facility is under Section 80-2717 which is the emergency commitment procedure. Under Subsection (5) of Section 80-2717, the individual may be detained for up to five days. An individual may be detained for more than five days but not longer than ten days if the local county attorney has instituted an involuntary commitment procedure Section 80-2718. Therefore, if the patient is not competent due to alcohol inhibition to make a reasonable decision concerning his discharge, he may be held up to 48 hours. If after 48 hours, he is still in such a state of intoxication that he requires emergency commitment, he may be detained up to five days. This should give some guidelines to the staff at Galen. If it is against good medical judgment to release the individual, but he is released, there could be serious liability on the Galen State Hospital.

Concerning the requirement to provide transportation, I find that under

Dr. Higgins
Page 2
August 11, 1977

Section 80-2715(4) that whenever a voluntary patient leaves the hospital, the Department shall make reasonable provisions for his transportation to ~~another place~~ his home. If he has no home, he shall be assisted in obtaining shelter. That could be done by turning him over to the local welfare department. There is no mention as to what our obligation is under the involuntary commitment procedure in Section 80-2718. I have cited you only the statutory requirement. I know of no Department policy or hospital rule concerning this.

In your last and final concern as to the therapeutic benefits of a long term alcoholic patient working, I cannot argue the merits. However, I can only categorically state that we would probably run into some problems with the Fair Labor Standards Act of the State of Montana. Originally, we would have violated the federal Fair Labor Standards Act, but a 1976 Supreme Court decision ruled that the U.S. Department of Labor no longer had jurisdiction to enforce the federal Fair Labor Standards Act as far as the states were concerned. However, the State of Montana does have a state Fair Labor Standards Act and it is a possibility that it could be interpreted to apply for the working alcoholic resident. I must point out that any working patient at Warm Springs State Hospital is, in fact, paid. There is a department-wide limitation that no patient may work beyond 20 hours per 80 hour pay period and the PERS, FICA, federal and state income tax deductions and contributions must be made. Therefore, it is my recommendation that the long term alcoholic resident not be employed in any type of labor or maintenance. It is permissible to have them clean their own rooms and living areas but beyond that I feel we would run into either union problems or possible wage enforcement considerations. It is my recommendation that the alcoholic resident not be permitted to work.

Very truly yours,

Nick A. Rotering
Nick A. Rotering
Staff Attorney

NAR:jw

Warm Springs State Hospital

WARM SPRINGS, MONTANA 59756

WHEN WRITING
PLEASE GIVE NAME OF PATIENT

VISITING HOURS

9-11 A.M.

1-4 P.M. DAILY

September 1, 1977

SEP 1 1977

Richard Hargesheimer, Researcher
Montana State Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

In reply to the recent request of the Montana State Legislative Council Interim Committee on Human Services, I feel that my personal contributions in relation to the issues being addressed by the Interim Committee on Human Services, should be restricted to pointing out the existence of comprehensive studies dealing with the subjects of committee concern and perhaps to the offering of a few pertinent recommendations focusing on mental health services in Montana.

A. Comprehensive Studies Which Can Be Obtained from the Author Agencies:

1. 1977/1978 Montana State Plan for Comprehensive Mental Health Services.
Helena: Montana State Department of Institutions, 1977.
2. Report of the Montana Mental Health Advisory Council. Helena: Mental Health Advisory Council (Gary Marbut, Chairman), 1977.
3. State Health/Health Systems Plan (Including the individual Survey Reports of Montana State Health Service Agencies and Organizations).
Helena: Montana Health Systems Agency, 1977. The Montana State Health Systems Agency would constitute an extremely valuable information resource because this agency functions to coordinate all the various health services in Montana. If duplication of human services is occurring, this agency should be capable of providing the particulars.

B. Recommendations Pertinent to Mental Health in Montana. These recommendations are offered without criticism of the various Montana agencies and organizations endeavoring to develop coordinated, unduplicated mental health services to the citizenry of Montana; however, these recommendations implicitly point to gaps or problems developing in relation to the provision of human services to Montanans.

1. Extension of the statewide accounting system to include revenue accounts.
2. Implement computerized billing system for all state institutions with centralized control and remote input/output devices--the centralized control to reduce duplication of effort at individual agencies and institutions.

3. Develop common nomenclature for statistics throughout the institutions to minimize paperwork and reinterpretation requirements.
4. Each human service agency to participate in a common patient information system and data base; develop a uniform management information system which would have a data base large enough to anticipate and accommodate state and federal reporting requirements.
5. Warm Springs State Hospital and Comprehensive Community Mental Health Centers to be funded through a single funding system geared toward unifying hospital and community-based programs and to eliminate the current practice of mutual program decimation resulting from competition for funding.
6. Evaluate and clarify the relationship between the Department of Institutions and SRS--my guess is that there is a certain amount of role conflict and duplication of effort between these two state agencies. Example of problem: Who has responsibility for Developmentally Disabled persons?
7. State planning which recognizes Warm Springs State Hospital as an essential part of an interlocking network of Montana Mental Health Services--A planning perspective broad enough to eliminate bias against either Warm Springs State Hospital or Community-based programs--A perspective broad enough to recognize the fact that Warm Springs State Hospital is not as bad as the public has been led to believe and that community-based programs often times are not all that wonderful.
8. Health and mental health planning based on rational, objective identification of existing and projected needs; determination of target groups/target areas of need within the state.
9. Human services planning which takes advantage of federal funding for the purpose of meeting objectively identified needs while repudiating the notion of exploiting federal funding merely because federal funding is available for a specific purpose.
10. Warm Springs State Hospital is answerable to a multitude of separate agencies. In order to avoid duplication of effort on the part of monitoring agencies, communications should be realigned to pass through the Montana State Department of Institutions. The Department of Institutions then would be able to take the initiative to schedule one-time-only, annual, cooperative, coordinated onsite visits to the institution. Separate onsite visits by separate agencies at different times throughout the year represents an inefficient utilization of time and energy by institutional and monitoring agency participants.
11. WSSH to participate with CCMHC's and the Mental Health Field Service Bureau (Department of Institutions) in joint treatment planning to formulate and develop diagnostic, admission, treatment and discharge policies thereby creating open dialogue surrounding mutual problems.

reaching agreement on definition of terms, and providing opportunities for discussion of interrelated concerns and issues. Development of specific plans, policies and procedures for transfer of patients between Warm Springs State Hospital and Comprehensive Community Mental Health Centers.

12. Warm Springs State Hospital should participate with all other parts of the Montana Health System in a unified patient management plan, which would include a tracking system permitting the following of a patient from the point of entry into the mental health system to the point of exit.
13. Mental Health Treatment and Commitment Legislation should be changed to provide that admissions to Warm Springs State Hospital are screened by a community-based facility in a collaborative manner as part of a treatment plan.
14. Recommendations to prevent the possibility of an expensive class action suit against Warm Springs State Hospital: Title 38, Chapter 13, R.C.M. 1947, delineates the rights of mentally ill persons received at Warm Springs State Hospital. If money is not appropriated by the Legislature to support implementation of these rights, the rights section of the law becomes meaningless and this institution is potentially liable for damages if a class action suit over infringement of patients' rights were to be filed against Warm Springs State Hospital and the State of Montana. The Legislature should realize that there are many forces, nationwide and within state, compelling the granting and implementation of patients' rights laws. These forces have money to back class action suits to compel compliance with the law, and they are not hesitant in filing such suits. As a preventive measure, the Montana State Legislature might be well advised to place a high priority on funding necessary to implement the patients' rights portions of the Montana State Legislative Statutes. A related recommendation is for this institution to be enabled to obtain accreditation by Joint Commission on Accreditation of Hospitals.
15. Over the next twenty or thirty years, Montana State Planners might want to consider establishing two new multipurpose institutions designed to accommodate and treat diversified types of problems currently represented among the residual patient populations of Warm Springs State Hospital, Galen State Hospital and Boulder River School and Hospital--one institution to be located in Western Montana; the second multipurpose institution to be located in Eastern Montana. This recommendation has been reflected in the thinking of Montanans over past decades; the recommendation would be consistent with progressive developments in Canada and other parts of the United States; the recommendation recognizes certain dissimilarities between Eastern and Western Montana. As a final note, this recommendation seeks to avoid the proliferation of uncoordinated, poorly monitored facilities whose existence reflects the interplay of urban vs. rural political realities rather than studied assessment of needs and manpower resources (Example: The Glendive Nursing Home soon to be established). The concept of establishing two multipurpose institutions is deemed perferable, by

this respondent, to the establishment of mini-institutions in each Montana Mental Health Region. Mini-institutions would unnecessarily duplicate staff and physical plants.

16. With utmost haste, the role of Warm Springs State Hospital should be clarified and defined in very specific statements of mental health commitment and treatment law so as to leave no doubt in the minds of the Legislators, Court Magistrates, and community-based health professionals, as to the purpose and function of Warm Springs State Hospital in relation to the total network of health services. These specifications of law should be sufficiently detailed to allow for development of undisputable admission and release policies.
17. Montana Courts should take the initiative in utilizing the evaluation resources represented by the Comprehensive Community Mental Health Centers with reference to Court Orders for Evaluation.
18. The Montana State Legislature should close the gaps and eliminate the conflicts of mental health commitment laws. Example: Title 80, R.C.M. 1947, provisions of law concerning the transfer of patients to and from Warm Springs State Hospital still are contained in the Revised Codes, but have been superceded by Title 38, Chapter 13, R.C.M. 1947. The superceded laws should be struck.
19. With so-called "Deinstitutionalization" programs, treatment increasingly has become a matter of mere movement of patients to settings other than Warm Springs State Hospital. The net result has been the multiplication of "swinging doors" through which patients must pass before being returned to Warm Springs State Hospital. The experience of other states, such as California, with deinstitutionalization, should not be repeated in Montana. The preferred alternative is to emphasize appropriate use of Warm Springs State Hospital facilities rather than seeking institutional closure. In many instances, the "swinging doors," created to handle the influx of patients being transferred from the hospital to community settings, have been inferior, poorly monitored and more restrictive than placement at Warm Springs State Hospital. Community-based facilities constituting alternatives to hospitalization at Warm Springs State Hospital should be well-regulated, controlled and monitored by an appropriate state agency. This regulation/control is absolutely necessary to prevent, for example, the licensing of a crowded mobile-home structure as a "Personal Care Home for old folks."
20. Warm Springs State Hospital should be enabled to offer fully qualified psychiatrists a salary which would be competitive with the salaries being offered by Montana Comprehensive Community Mental Health Centers. For example, Warm Springs State Hospital can offer no more than \$36,834 to applicant psychiatrists whereas the salary range being advertised by Montana Comprehensive Community Mental Health Centers in medical journals is significantly higher. If a worthwhile aim is to have Warm Springs State Hospital staffed by fully qualified and licensed psychiatrists, Warm Springs must be enabled to offer salaries and fringe

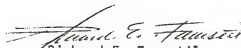
benefits which are competitive within state and out of state. Since I am responsible for much of the Superintendent's correspondence, I am in a position to know the results of psychiatrist recruitment efforts at Warm Springs State Hospital. From January, 1977 through August, 1977, the following facts about Warm Springs State Hospital Psychiatrist Recruitment efforts are evident:

Total number of applications received	43
Total number of applicants qualified for Medical licensure (physician or psychiatrist)	27
Total number licensable as physicians but not psychiatrists	2
Total number licensable as psychiatrists	25
Total number not qualified by credentials	15
Total number qualified, but deemed undesirable	3
Total Number qualified, but not interested in salary offering	18
Total number qualified, but difficulty contacting for follow through	1
Total number pending on August 30, 1977	2
Total number hired (Russ)	1

21. Removal of Patients' Attorney from the Warm Springs State Hospital payroll as soon as an alternative source of position funding can be found to avoid possible conflict of interest.
22. Strong impetus should be given to perfecting the service offerings of Warm Springs State Hospital to the point of excellence, rather than phasing out institutional services.

If I can be of further assistance, please feel free to contact me.

Sincerely,


Richard E. Fanestil
Administrative Officer
Warm Springs State Hospital

REF:sj



Boulder
River
School
and
Hospital

WILLIAM F. CONYARD

DEPUTY DIRECTOR

THOMAS L. JUDGE

DIRECTOR

RICHARD L. HEARD

DEPUTY
SUPERVISOR

Lawrence M. Zanto

~~RESEARCH MANAGER~~

THIRD FOR
ELECTRICITY TUNING

September 2, 1977

Richard Hargesheimer, Researcher
Montana Legislative Council
Room 138, State Capitol
Helena, MT 59601

Dear Mr. Hargesheimer:

I am in receipt of the letter from Joe Brand regarding the request for information on improving the Human Services Delivery System. Some time ago I wrote a letter to my Supervisor, Larry Zanto, suggesting that Human Services Administration and Delivery of Services is not necessarily dependent upon restructuring the organization, but instead, by someone in a high administrative position requiring administrators to work together in the delivery system. I still think that to be an adequate suggestion, since it is presently evident in State agencies of little cooperation, even though they are under one umbrella. The one major concern that I have in providing services to the developmentally disabled is an inability on the part of the institution to provide follow-along services to those persons placed from here. I'm not sure an administrative change is required, but instead giving some authority to this institution to protect the rights of the placed resident.

It has been suggested that Boulder River School and Hospital and the Developmental Disabilities Division be combined to provide a more complementary service system. I'm not sure how this would work, although when I first came to Boulder I made the recommendation that Boulder assume the responsibility for the overall developmental disability movement as it was several years ago. Evidently it didn't work then because one person assumed too much control, but I'm not sure that this would any longer be an issue. Looking at the total delivery system for all handicapped, I suspect that a Human Service agency could be beneficial if the Director was strong and it was understood that supervisors and staff worked as a team. I've noted in the development of the management team at Boulder that that cooperation can be expected and that it works quite well.

Richard Hargesheimer, Researcher
September 2, 1977
Page Two

In closing I would be more than happy to share these thoughts or others with the Committee, and would like to review any legislation that might be promoted. Thank you for an opportunity to share my thoughts.

Sincerely yours,

A handwritten signature in cursive script, reading "Wm. F. Conyard". The signature is written in dark ink and is positioned above the printed name and title.

William F. Conyard
Superintendent

WFC:s



Department of Health and Environmental Sciences
STATE OF MONTANA HELENA, MONTANA 59601

John S. Anderson M.D.
DIRECTOR

September 2, 1977

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, MT 59601

Dear Mr. Hargesheimer:

This letter is regarding the information requested by Joe Brand regarding the duplications of service being studied by the Interim Committee on Human Services.

The EPSDT (Early Periodic Screening Diagnosing and Treatment) Program is mandated and funded under Title XIX. This program is under SRS who contracts with the Department of Health and Environmental Sciences to provide the health care aspect of the program for children, birth to 21 years of age. EPSDT provides comprehensive health screening of all eligible children.

1. There is much duplication of services and/or recipients.
 - a. WIC (Women, Infants and Children) covers low income mothers and children up to six years of age. Hematocrits, heights and weights are done on these children every six months.
 - b. C & Y (Children and Youth) gives health care to children to age 13. It also provides comprehensive health screening of all children in the Helena area.
 - c. Indian Health Services gives health care to all children on the reservations. Where we provide health screening for these children who are on medicaid.
 - d. Headstart gives children, four to six years of age from low income families, comprehensive health care plus many comprehensive educational, nutritional and other benefits.

In some areas there are audiology teams that screen all the children's hearing, so that when we screen their hearing may have already been screened two or three times.

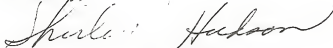
In some areas children are receiving their heights and weights, hearing, vision and immunization in the schools as well.

2. Areas of deficiencies.

- a. The lack of qualified professional people to do the physical assessments in the sub contract and low populace areas.

- b. The long distances that must be travelled to get to the screening sites.
 - c. When the state team does the screening, it is done only once per year which misses many of the recipients as they may go on and off the program during that time. There is also much moving on the part of the recipients, which means they get missed in the yearly screening.
3. Ways to improve program.
- a. Increase the rate paid per individual screened to sub-contracting agencies. (usually local health departments.)
 - b. Whenever there is a physician in an area, strongly encourage him/her to provide these services and then provide adequate reimbursement.
 - c. Have the entire program under the State Health Department so as to have better access to the recipients and follow-up.

Sincerely,



Shirley J. Hudson, RN, PNP
Program Manager
EPSDT Program
Maternal & Child Health Bureau

SJH:pw

GLACIER COUNTY
DEPARTMENT OF PUBLIC WELFARE

COURTHOUSE

CUT BANK, MONTANA 59427

September 2, 1977

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Re: Human Services

Attention: Joe Brand

Duplication and overlap is especially noticeable on Indian Reservations. Social Services are provided by both BIA/PHS and Montana SRS through the particular counties.

In Economic Assistance, the Food Stamp Program and commodities are both available on some Reservations to choose between by Reservation residents; also, two general assistance programs (BIA and County GA) exist on the Reservations.

The most deficient or problem area seems to be in Social Services - specifically Child Welfare and the Tribal Courts. The jurisdictional problems that exist likely can't be solved by State Legislature since Tribes and Tribal Courts act and are independent of State and Federal control, apparently.

I would suggest that all Child Welfare cases be required to go before District Court with no restriction that Indian children be necessarily placed or returned to their Reservation.

Yours truly,

GLACIER COUNTY
DEPARTMENT OF PUBLIC WELFARE


Lowell McGhie, County Director III

LM:mc

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, MT 59601

Dear Mr. Hargesheimer:

I'm writing in response to Mr. Brand's request for input regarding the State's Human Services Delivery System. My comments will be assigned numbers that correspond to the questions addressed in Mr. Brand's letter.

1. "duplication and overlap"

The housing of developmentally disabled people at Warm Springs and Galen as well as at BRS&H. Those whose primary disability is mental retardation should be at Boulder River School and Hospital if more appropriate services are not available in the community.

2. "area where system is deficient"

Planning for placement of Developmentally Disabled from Warm Springs into communities.

Having county Social Workers do the long term follow-up on developmentally disabled people being served in communities (should be done by Developmental Disabilities Division staff). There is not an adequate system of accountability of local private vendors regarding services to Developmentally Disabled people. (I refer primarily to program accountability as I know little about issues of fiscal accountability.)

Institutions are presently providing services to a fairly large number of people who could be better served in communities if community services were expanded (existing types of services). Additionally there are many more people in institutions who could be better served in smaller programs, preferably in larger population centers (this involves some new types of programs). We need more alternatives to institutions.

3. ways to "improve the system"

Assign Social Work positions doing long term follow-up on Developmentally Disabled people to Developmental Disabilities Division instead of Socail Service Bureau.

4. "additional comments"

Last legislative session it looked like local economic issues in the Deer Lodge Valley were more important to legislators than service considerations for residents of Warm Springs State Hospital in that there was an active "fight" on the part of some legislators to save jobs at Warm Springs. The alternative was apparently movement of residents to other settings that should have been able to provide better services. (Services to the Developmentally Disabled at Warm Springs were very bad --

training services essentially non-existent. Also it is probably not legal under State law for those people to be at Warm Springs -- unless of course they have been diagnosed as seriously mentally ill.)

Jobs are important but those positions are supposed to be there to serve the residents, not vice versa.

Further development of community based services for both Developmentally Disabled and Emotionally Disturbed individuals is necessary even if it means loss of some jobs at institutions. I suggest that if adequate independent funding for the development of community services can not be made with State or Title XX funds that a concerted effort be made to develop facilities that could take advantage of Title IXX funds.

Your study is an important one. I hope it will help to bring about an improvement in services.

My thanks to Mr. Brand for the opportunity to have some input. I'll take advantage of his offer to remain anonymous.



THOMAS L. JUDGE
GOVERNOR

STATE OF MONTANA
DEPARTMENT OF BUSINESS REGULATION

805 NORTH MAIN, HELENA, MONTANA 59601
PHONE (406) 449-3163

KENT KLEINKOPF
DIRECTOR

September 6, 1977

Mr. Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, MT 59601


Re: Interim Committee on Human Services

Dear Mr. Hargesheimer:

In response to the Interim Committee's request for assistance, relating to delivery of human services, we hereby submit the following as it relates to the Consumer Affairs Division, Department of Business Regulation:

1. Overlap in jurisdiction and regulation involving other state agencies providing consumer protection on a limited scale.
2. Cooperation among state agencies could be improved, especially as it relates to referral complaints to an agency with jurisdiction.
3. Agencies are limited in "output goals" due to limited personnel and resources provided by the legislature.

Sincerely,


Dick M. Disney
Administrator
Consumer Affairs Division

DMD/1e

Lake County DEPT. OF PUBLIC WELFARE

Polson, Montana

59860

September 6, 1977

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer;

Perhaps, in answer to your August request for some thoughts regarding Human Services problems, I can offer some ideas. I have had the unique experience of having worked in many levels of Public Welfare, both in Montana and Alaska, the Indian Health Service in Wyoming and I have experience as State Director of Staff Development in Public Welfare in two states.

Point One: Public Welfare is constructed oddly. People with MSW (Master of Social Work degrees) are placed in management positions in Montana, as well as other states, yet they are usually not trained to be managers, as this is a specialty skill which cannot be adequately "picked up" or learned on the spot. Those with MSW degrees are trained to work directly with people who have psycho-social and monetary problems. It seems obvious that those with MSW educations should be working with people and not be working in management. Logic should place the manager who has some knowledge of social work in the "higher" state office positions with adequate incomes for their skills and specialties. Likewise, the MSW should be in field positions of one-to-one or one-to-group activities using their helping skills, with incomes appropriate to their education as social workers. Social work is far more demanding in skills and energy output than is management. In this statement, I believe I can speak with some accuracy as I have worked in both areas, MSW work in the field as well as in two State Offices as a manager.

Point Two: Somehow the Merit System in Montana is out of focus, because it gives no credit for previous experience in the Social Worker positions. When I returned to Montana Public Welfare to work, I brought with me far more experience, ability and knowledge than when I left the state. Yet, I was given no credit for this. Perhaps the Merit System should be reviewed and revised to give credit for those who come to the Welfare service with a broad experience background. The Federal Government does not require any written examination to enter, say, the Indian Health Service which is a demanding kind of work for social workers (MSW) yet, the State Welfare services requires such a written test. Those with MSW degrees have already demonstrated their knowledge and abilities because they have successfully completed a rigorous educational and training experience in the Masters level program.

Point Three: To attract MSW people to the jobs they should be doing, why not change the Merit System so that it provides social workers with better salaries? The State needs to compete with private agencies, other states and federal programs for MSW people. The factors of pay cannot be ignored if quality people are to be kept or attracted to Montana.

Point Four: It has been stated that it costs twenty-one cents per mile to purchase, insure, service, fuel and repair the average automobile. The State pays only fifteen cents per mile for the first thousand miles when a privately owned automobile is used. It pays only twelve cents per mile after the first thousand. Doesn't it seem unfair that this condition exists when under staffed Welfare Departments face the demand that their social workers "do their job" sometimes in excess of the thousand travel miles, on week-ends, on holidays and after normal working hours? People problems often cannot wait for 8:00 AM Monday mornings.

Point Five: Inadequate numbers of social work staff is chronic throughout the State of Montana with large caseloads to try to manage. The result, of course, is an inadequate job done and often getting around to some pressing human problems too late to provide effective help. I estimate that Montana has, at the most, two-thirds of the social work staff that it needs to meet the present acute human problems levels. In other words, we can seldom adequately meet the demand of acute problems, we must often ignore the chronic problems (which should have been treated years ago) and with continued under-staffing, the cureable acute problem will become chronic and become either hard to treat or impossible to treat. The chronic human problems then cost unacceptable amounts of public funds. This trend must be reversed because human resources are the most important resource, and when someone becomes lost in this system, it is disastrous for the person and most costly in terms of monetary support from public funds.

Point Six: Human services are fractionalized so badly that clients can work systems and workers against each other. This really does not benefit the client because of being pulled in different directions. The client busily using or manipulating human services, people and their systems of services never realize results. I recall one instance in which 22 service agencies personnel came to "help" a client in one day. Here you cannot fault the social service people as they were trying to do their job, but where was the co-ordination of services which is part of managements job? Wouldn't it have been nice if all services were under one roof?

Point Seven: Now, lets look at the automatic data processing system in Montana, especially in terms of its service to those of us "on the firing line" in the counties. We were given the "hard sell" on the all of ADP advantages. Why in the blink of an eyelash we can request all kinds of supervaluable information from the computer. So if we do want some data it takes a long time, it may not be available, it may have been erased and if we get it it is usually out-dated or we can't use it. Have you ever heard of GIGO? It means "garbage in-garbage out" and this seems to be what we have. ADP in Montana Social Services just contributes to our "paper jungle".

Point Eight: PLEASE, if nothing else is accomplished, cut the time wasted on paperwork down for us, way down!

Recommendation:

- 1) Re-adjust the public welfare system to make appropriate use of staff.
- 2) Re-adjust (or scrap) the Merit System to give professional pay levels to professionally trained social work staff.
- 3) Take Affirmative steps to train and attract MSW staff to field positions in Montana SRS as workers and as supervisors.
- 4) Adjust mileage amounts to at least twenty cents per mile for at least fifteen hundred miles per month for SRS field staff if privately owned automobiles are to be used.

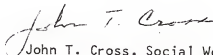
Richard Hargesheimer, Researcher

September 6, 1977

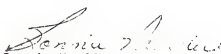
Page Three

- 5) Employ sufficient staff to really do the human social recovery and prevention job with well trained and experienced social work staff.
- 6) Have our people interview workers at the grass-roots level.
- 7) Really evaluate the ADP system as it relates to input from Public Welfare (SRS).

Sincerely,



John T. Cross, Social Worker
Lake County Department
of Public Welfare



(Mrs) Bonnie Mueller, Director

JTC:p1z

September 6, 1977

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

This letter is in regards to your correspondence of August, 1977, in which you were soliciting comments in reference to "integrating" the human service delivery structure.

First of all in areas of duplication, overlap, and inefficiency it appears from my observation and past experience working in a human service organization in another state, that the greatest area where change is needed is in the administrative realm. For example, the Department of Institutions has administrative control of Boulder patient care and SRS has control over patient care immediately upon discharge. This causes an entirely different administrative echelon that not only interferes with continuity of care but additional costs that could either be better spent on patient care or for that matter save the taxpayer money. Another area is the artificial division between mental health, drugs and alcohol.

Second, consideration has to be given to the integration on an administrative level and the integrity of the separate programs remaining distinct. For example, if someone wants alcoholism services they don't necessarily want to be associated with the Welfare Department. Alcoholism isn't confined to the poor. Human services are not confined to the poor, crazy, nor criminal. Consequently, on the direct service delivery level, there has to be some separateness even if it is in different phone numbers and waiting rooms for the different kinds of services in the same building.

Thirdly, strong consideration has to be given to those services directly rendered by the State and those that are purchased by the State. For example, mental health is rendered by the State at the institutional level but non-profit Community Mental Health Centers render services in the community. In regards to this, centers are evaluated by the Bureau of Mental Health and by the Alcoholism Division, both from the Department of Institutions, also they have an independent audit, they have members from the Legislative Fiscal Analyst Office evaluate and studies done by the Office of Budget and Planning. Again the administrative cost is to say the least wasteful because of the lack of coordination on the administrative level all regarding the same information.

As a result of the above comments, it seems that the State of Montana must decide what services they directly want to provide and which ones they want to purchase. From this analysis then a meaningful structure can be developed. However, to build a structure to accommodate the existing system might not result in only taking one bureaucratic structure and creating five smaller ones and accomplishing only the exact opposite of the intention of "integrating".

Finally, if the State does decide to purchase any human services, maybe all that is needed is a Division of Contracting and Accountability that focuses on what is received from the dollars spent by the State of Montana rather than the process of rendering the services.

I hope that some of the comments that I have made are of some value to you and will deliberately not sign this correspondence so that comments can be evaluated on their own merit and any possible bias eliminated.

SFf

YOUTH COURT
JUDGE ARNOLD OLSEN
BUTTE - SILVER BOW COURTHOUSE
BUTTE, MONTANA 59701

Probation Dept.
DON PUICH Chief
MARILYN KALARCHIK
ANNE MARIE SEMSAK
MARK LUCICH

Youth Development
JIM ROLANDO Director
SARAH SULLIVAN
MIKE JAEGER

September 6, 1977

Mr. Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

In trying to respond to Mr. Joe Brand's letter of August, 1977, regarding restructuring of the human services delivery system, it becomes immediately apparent that the problem is far more multi-dimensional than could be addressed in a simple letter. Basically, however, it reduces to 180° reorientation of a system which has been in operation for two generations.

In view of these facts, I will keep my comments short and fairly generic. Perhaps the single core issue which needs to be addressed is that of results management vs. input management. Historically, the human services system has dwelt upon the style with which services are delivered, the amount of resources consumed, and the general cosmetics of the bureaucratic structure, rather than the product the system is trying to produce.

Management concerns almost invariably center upon such issues as personnel sick leave, copy machine prices, telephone systems, and other clerical matters rather than addressing questions involving measurable productivity. Attempts at addressing results have usually gotten lost in euphemisms about "quality of life" or some other equally esoteric jargon. Until human services becomes results-oriented with defined, measurable products and stops managing the copy machine, I see little hope for improvement.

The human services renaissance of the past decade has resulted in a proliferation of services and a broader, more creative group of choices to aid in solving society's problems than has ever existed. We have run the wide spread of mental health programs, drug treatment programs, alcohol programs, child abuse projects, sheltered care, protective services of every description, and, in short, programs to assist in almost every area of human need. More, however, remains to be done.

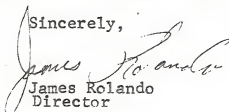
September 6, 1977

While we have experienced this expansion in the availability of human services, we have not created a commensurately sophisticated means of getting people in contact with the services they need. The result: a waste of potential to serve as many people as appropriately as possible. This phenomenon is in evidence in Southwestern Montana where we have a compendium of service programs equal to any rural area in this part of the country. However, due to numerous circumstances, they are not being used as efficiently as possible.

I would encourage the development of the human services system, rather than more and more program development. Moreover, this system development must come from a community based effort if it is to be effective. If more programs are to be developed, they should be efforts similar to those of say the Child and Youth Development Bureau, whose specific mission is the development of the Youth Services System.

In conclusion, we must force the system and its various increments to establish the products they wish to produce, and hold them accountable for producing them, rather than misconstruing "accountability" to mean being able to justify the number of paper clips consumed by an office. In addition, means must be created for systematizing the delivery of existing services and for managing that systematization process. I realize this is a great deal more complex an issue than my comments might indicate, but it is a place to start. I have enjoyed the opportunity for input.

Sincerely,



James Rolando
Director

JR/ec

September 6, 1977

TO: Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

RE: Human Services

There is a lot of overlapping. This situation is worsened because agencies do not talk or discuss problems with each other. The problems are compounded because people in the same agencies do not talk to one another. We, in the field, get memo's to do things or to attend meetings from two branches of an agency which conflict both in time and content.

This is caused, in part at least, by insecurity in the position. So each agency head tries to build a more secure position. As I see it, with more cooperation there would be consolidation in some situations.

However, just building one large agency only brings more problems in administration - more chiefs and certainly there are too many now.

We, in the field, spend too much time filling out reports which are designed to justify the need for the department. There is little time left to deliver the service.

When some method or form works, some one at the top has to figure out a new form or method - we are now becoming slaves to the computer.

I feel there is too big a push to specialize - to force clients to travel greater distances for the service. There is a need to understand what our rural communities want. We need general practitioners. We need rules and regulations that fit small hospitals and nursing homes. We need understanding from the powers that be, that for regular care we would like it given in our local communities. For the sophisticated care we are prepared to go to the larger centers.

In the case of child abuse, serious illness, alcoholism or mental problems, we need people who come to us with kindness and concern and a coordinated plan. To have four people come into our home, each with a different plan, is confusing.

Action for Eastern Montana, SSI, Social Service, Medicaid, Council on Aging, Disabilities, Retardation - all these programs were once provided by two agencies, Health and Welfare. By setting up new and different agencies the service has increased the administration costs and much time and money has been spent in surveys with very little actual value accomplished.

STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES



THOMAS L. JUDGE
GOVERNOR
PATRICK E. MELBY
-DIRECTOR

DEVELOPMENTAL DISABILITIES DIVISION
708 Palmer, P. O. Box 880
Missoula City, Mt. 59801

September 7, 1977

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Mt. 59601

Dear Mr. Hargesheimer:

As the letterhead indicates, I am an employee of the State of Montana. I like what I do and I am proud to have participated in the development of human services during the last few years. However, I am most pleased to see an interim legislative committee specifically reviewing the human services arena.

I believe strongly that Montana ought to have a strong viable system of services for it's residents because such services are an investment in the future. For example, a successfully rehabilitated worker will contribute to-not cost a society. A pre-delinquent given some direction may help build a social structure-not tear it down. Montana's human service system is, in my opinion, not as comprehensive as it should be.

On the other hand, I also pay taxes and can clearly understand the concerns of the other tax payers I work for, that funds be spent accountably. I don't think that accountable spending and comprehensive services are mutually exclusive concepts. However, they are unless the service administrative structure is efficient and predictable. As Representative Brand pointed out in his letter, Montana's system is needlessly complex. Successful workers have either learned to cope with or manipulate the structure; but both responses take large amounts of energy which could be used for the accomplishment of primary objectives.

I'd make two general recommendations. First, responsibilities should lie at the lowest level that there is-a reasonable expectation of accomplishment. The "branch management" concept is used by most successful businesses. In such a system, responsibility and authority lie on the lowest possible levels-and so does accountability. In my opinion, there would be at least two positive results of decentralizing state bureaucracy. One, ineffective members of the organization could be readily identified and trained or removed. Two, problem solving could be more readily focused on root issues without the cloudiness created by movement through various levels of management-each with it's own perspective. Secondly, parameters of responsibility ought to be clearly

defined and respected. Overlap of responsibility should be tolerated only to insure continuity. However, the reduction of overlap is dependent upon managerial definition of responsibility and a clear understanding that promotion/demotion, longevity/termination are the inevitable results of accomplishment or non-accomplishment of stated objectives.

I believe that Montana's human service system can be made simultaneously more accountable to the taxpayer and to the clients we serve. I sincerely hope your committee is successful in beginning the process of addressing both issues and I would be most happy to assist in any way I could.

Thank you.

Sincerely,



Jim Herrigan
Regional Supervisor

JH:mb

September 8, 1977

Richard Hargeshheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

RE: Human Services Study

Areas of overlap: State Health Department works with local areas who have certified home health agencies under the Medicare program. SRS has a Medicaid home health care program. Would be better if coordinated.

System of regionalization of state offices: it would seem more efficient and less costly to have regional personnel in the same office complex in one town in the region. This would include regional representatives for aging, developmentally disabled, preventive health, Governor's office, mental health and special education. Planning for services to the people would be consistent, and equipment could be shared. Also, rent, heat, lights, clerical help could be shared.

I have read reports of Human Services being combined and understand it doesn't solve all problems.



Department of Health and Environmental Sciences
STATE OF MONTANA HELENA, MONTANA 59601

September 8, 1977

John S. Anderson M.D.
DIRECTOR

Joe Brand, Chairman
Interim Committee on Human Services
Capitol Station
Helena, MT 59601

Dear Mr. Brand:

I am writing in response to your memo dated August requesting input regarding delivery of human services in Montana. My particular concern is the philosophy regarding funding and the level of funding for the medical/health budget at the Mountain View School for girls in the Helena valley.

With ENT counsel, I have evaluated the hearing of a female child placed in the school. The outcome of the evaluation resulted in the recommendation for amplification (a hearing aid). Such a unit was recommended as an aid for the child's educational and social progress. The expected expenditure would be about \$300 to \$400. I have been informed that the medical budget may be so small this purchase could not be considered.

While discussing this case with the school nurse, it was revealed that many of the children placed in the school have histories of medical and health neglect. This may also be true in the area of dental health. ie: One girl recently admitted was examined and should have about \$1200 worth of dental work completed. Such histories are probably not surprising as one reviews the environment and medical, dental backgrounds of the children.

The institution is viewed as a penal setting which negates medicaid and other forms of medical assistance.

My concern is that our legal/judicial system allows for children to be separated from their homes and placed in confinement while, on the other hand, legislative appropriation for medical care while confined is at a "shoe string" level. If as a society we feel adequate treatment of problem children is removal from society and confinement then, as a word of the court/state, they should have any and all medical and dental needs financially insured.

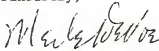
I would suspect that the superintendent of Mountain View School has tried for increases in the medical budget over the years, but that such increases have been legislatively denied.

Joe Brand
Page 2
September 8, 1977

If, as these children become adults at 18 to 19 years of age, they were aware or were made aware of their recourse, they might well have ample evidence and/or a firm case regarding being deprived of adequate medical/dental attention or services while confined. Such may certainly not be the fault of the school but lack of adequate budget appropriation in the medical/dental area.

Thank you for your interest.

Sincerely,



Merle DeVoe, Audiologist
Coordinator
Hearing Conservation Program
Maternal & Child Health Bureau

MD:pw



September 8, 1977

MEMORANDUM

TO: Richard Hargesheimer
Montana Legislative Council
State Capitol
Helena, Montana 59601

FROM: Steve Meloy *SM*

RE: Joe Brand's request for assistance to interim committee on human services.

Human service integration projects are rare; however in various states, joint planning and implementation of multi-jurisdictional programs are being considered. In Montana, there has been no major legislative proposals to incorporate and track human service programs. The concept of the federally funded SPAARS Program (Single Purpose Application and Automatic Referral System) was one step towards an Integrated Human Service Project. This concept of human service delivery is to provide a complete array of services to those who need them, with minimum barriers occasioned or hampered by professional, programmatic locational and/or organizational differences.

Service delivery must take place where the people who desire or need the service live. The delivery must be accurate, expedient and without humiliation. The services must be delivered to people at some accessible point and must not be duplicated.

Problems ranging from professional relationships to "red tape" have contributed to the fact that no state has completely implemented a state wide services integration system. However, there are many activities underway. Integration or consolidation of services requires program and fiscal planning as well as a perceptive approach to actual needs of people.

It is my recommendation that Montana undertake "one stop service center" approach embodied in the SPAARS concept and utilize its sparse population to become a national leader in the field of Human Service delivery.

For information regarding SPAARS concept, please contact Steve Meloy at the Human Resources Division, 1424 Ninth Avenue, Capitol Station, Helena, Montana 59601 or call 449-3420.

NOTE: The SPAARS concept was considered in Montana. It met with minimal success due to various circumstances. Since this time there have been innovations which in my opinion need prompt and thorough consideration.



Department of Health and Environmental Sciences
STATE OF MONTANA HELENA, MONTANA 59601

MEMORANDUM

John S. Anderson M.D.
DIRECTOR

TO: Dr. Knight

FROM: Dee Capp and Ann Conyard, Handicapped Children's Services *Ann Conyard*

DATE: September 8, 1977

SUBJECT: Human Services Study Requested by Joe Brand

1. Areas of Duplication

This does not appear to be an easily identifiable problem in providing comprehensive coordinated services to multihandicapped children in Montana.

The problems seem to stem more from attempting to coordinate multiagency services into a meaningful delivery system which benefits the child and family. Health services, educational services, and social services need to coordinate their approach in delivering treatment so that all the child's needs are addressed in an interrelated method. More frequently than not, families are presently experiencing fragmented care, i.e., medical problems are treated but may be very disruptive to the educational and social development and learning of the child. Or, the medical problems are not managed early through an interdisciplinary comprehensive team approach.

Other programs offering services to the handicapped children's population usually are fragmented and do not assist the family in negotiating the private and public health care systems to receive preventive, as well as corrective care. They merely pay the bill, which leaves the parents to face a complex and sometimes unreceptive system. For example, when first faced with a child who needs neurological, urological, orthopedic and preventive health treatment, many parents will experience conflicting and contradictory opinions as to what is to be done and when. No one may be helping the family to identify and receive routine health care in addition to specialized care. Often times this kind of care is not coordinated with educational, social and psychological needs of their child.

2. Deficient Areas in the Service System for Handicapped Children.

Preventive health care, such as immunizations, early dental screening and treatment, hearing and vision screenings and treatment often remain a low priority of the family with a handicapped child. Most of the family's financial resources and emotional energy is focused on specialized care for the handicapping condition. Although some families have Medicaid coverage, they don't usually pursue the delivery of preventive health services for their child; i.e., immunizations, nutrition needs, dental hygiene practices. Early detection of some handicapping conditions is difficult to obtain as children regardless of income usually aren't participating in well-baby supervision through public health clinics or private medical care.

There is clearly a difference between patient advocate which facilitates the family's utilization of public and private care system and a bill payment system, i.e., Medicaid, private insurance for the care received. The latter does not help the family negotiate the medical care systems to obtain the needed care.

Areas of deficiency in the human service system that Handicapped Children's Services experiences daily is with families who have children suffering from catastrophic illnesses, i.e., respiratory distress, cancer, kidney failure, etc. There exists no agency within our State which can assist the family with the financial burden and until they expend their resources to become eligible for Medicaid. Among families who have had newborns with respiratory distress (under-developed lungs), the medical expenses can run from as low as \$200 to \$75,000. If the family has no insurance, as many often don't, they can be quickly forced into bankruptcy. Many of the infants suffering from respiratory distress should receive multidisciplinary team evaluations on a periodic basis for five years to identify other problems they may develop as a result of their premature birth and serious health condition.

Children under the Department of Institution's jurisdiction and placed in one of the correctional institutions (i.e., Mountain View, Pine Hills) are provided health care treatment by that institution. If the child requires specialized care due to a chronic health condition or extensive dental care the institution may face financial problems in meeting the child's need due to a limited budget. Case example: MCH Bureau was contacted by Mountain View for assistance in paying for the specialized treatment by an Ear, Nose, and Throat Specialist for a young lady. Because the care to correct a serious ear condition required hospitalization outside of the institution's infirmary. Mountain View's medical budget was not adequate to meet the care at this time. MCH did authorize this care because of the chronic condition and emergency situation.

I believe specialized medical care for children under the jurisdiction of the Department of Institutions has some problems which need to be reviewed.

- (a) Is the Department of Institutions responsible for meeting all the medical needs of a child? i.e., surgeries, hospitalizations outside of the institutional setting, special equipment for the correction of a handicapping condition, i.e., braces, hearing aids, physical therapy, etc., dental work to restore severely decayed teeth?
- (b) What is the financial responsibility of the child's parent? By placing the child in a correctional institution, the parent loses control.
- (c) Who is responsible for providing corrective care to a child who has been injured by another child while both are residents of a penal institution such as Mountain View and Pine Hills?
- (d) If the Department of Institutions is determined not to be responsible for meeting all of the medical needs of their clientele, then the health care responsibilities need clear definition of who is to do what and budgets appropriated to address the needs of this group of children.

Chronically handicapped children available for adoption may not be placeable because prospective adoptive parents may be unable to finance the total medical costs required by this child. Subsidized adoption of these children will facilitate such placement, but what conditions and how much should the subsidy be, may need consideration on a case-by-case basis. Such subsidy payments will also need to reflect the increasing cost of medical care if parents and child are to experience a satisfactory relationship. Emotional stress over financial burdens can be very disruptive to interpersonal relationships.

Because so much public interest has been focused on the developmentally disabled child, the child with chronic physical handicaps hasn't drawn the concern for the comprehensive services they require. There is also reason to be concerned about generating competition for program dollars by separately identifying services for the chronically physically handicapped and the developmentally disabled child. These children are all handicapped and the service systems need to address services to meet the medical-social needs of a chronically handicapped child regardless of the nature of the condition.

3. Structural Improvement.

What is frequently left unsaid in my experience of delivering services to the Handicapped Child, is the very beginning of preventive health services - those of the unpregnant woman and those services to the pregnant woman and her unborn child. This is where human service system has the prime opportunity to diminish the incidence of handicapping conditions. The health delivery system in a rural state such as Montana leaves many women with inadequate nutritional intake and identification of medical problems which may cause problems to mother and unborn child; and adequate medical care during the pregnancy. Those women who are high risk, regardless of income, in other words, their pregnancy may not produce a healthy infant, need to receive comprehensive services of a multidisciplinary team.

Human services needs to emphasize services for the infant which will facilitate "well-baby" care; and provide information to new parents about nutrition, normal growth and development, and immunizations. This care system would insure a more uniform approach to early detection of handicapping conditions. Now the individual parent usually seeks this service from the private medical providers who are more geared to acute illness care. If such public health services are available, they may not be utilized by middle and upper income mothers due to a stigma of "poor people's service."

The final phase is to provide comprehensive multidisciplinary diagnostic and treatment services to all chronically handicapped children. A key component to the comprehensive treatment system is to consider the advocacy role the public health service can play in negotiating the complex system of preventive and treatment services for the family. As it is now, many families are left on their own to seek medical treatment once the need has been identified. Thus they frequently experience a fragmented approach dealing only with the handicapping condition and ignoring the need for adequate preventive health care. In addition to obtaining complex medical care they are trying to coordinate their child's educational, emotional, and social needs through a myriad of available services.

Child Health Care

George A. Silver, M.D.,* "Health Care for Children," Washington Post 100:8c May 8, 1977

Children get a pretty bad shake as far as medical care and health services are concerned, particularly in the United States, a country which makes so many sententious statements about the family and the future. We have no children's or family allowance to maintain a secure level of nutrition and housing for families; nutrition programs for children are irregular and hardly adequate when available; school health services are a joke; and, despite increased expenditures, diminishing programs of well-baby care, pre-school health services and immunizations handicap case-finding and treatment and, of course, prenatal care.

The administration will soon introduce a bill humorously called a "child health program," which will increase the number of eligible children under Medicaid for examination and treatment by 1 percent. Keeping in mind that the states have managed to examine and perhaps treat (records are not kept) less than 10 percent of the eligible children in the eight years of operation of the program, this effort is hardly the occasion for cheers.

"Permissiveness" apparently is a national euphemism for neglect. Child abuse is said to be the leading cause of death in children under 5. While 200,000 cases were reported, estimates of actual incidence in a recent survey range as high as 1.5 million cases in this country. About 700 children a year are killed by their parents or guardians.

About 20 percent of American children get little or none of the medical care they need; about a third are not immunized against diseases wiped out in other countries. Millions of children go to bed and to school hungry.

We don't know how many children who are hard of hearing or deaf are without hearing aids, because we don't do countrywide hearing tests or follow up those tested. We do vision tests, though, so we know that 17 percent of children entering school at age 6 (650,000) have defective vision and in the school population of the United States (46 million) about 3 million who need glasses don't have them. These children with hearing and vision defects uncorrected will not, of course, do well in school; they will wind up at the bottom of the academic, occupational and social ladders.

Poverty exaggerates all these effects, but in health matters the well-to-do aren't so much better off. Black, brown and red babies die at a 50 to 100 percent higher rate than white babies. True. But that's

only a special case of failure to protect babies in this country. Our best infant mortality rate is 50 percent higher than the average Scandinavian or Dutch rates.

We have no designated child health system in this country. There is a "parental responsibility," which can only be discharged if there is a medical care system. There isn't, so children turn to their parents. Where shall the parents turn?

European child health care systems have an unusual feature — separate preventive services for children. These include specialized nursing care, little in the way of physician care in the preventive role and lots of home visiting to educate, examine, immunize and act as a primary care focus and referral point for a sick child.

In Holland, this system costs the country 9 cents a day per child, with part of the money from the family, part from the local community and part from the national government. Scrupulous record-keeping results in follow-up on every child from birth through the school years. Neglecting a child's health need is treated like child abuse and may involve social agencies, the courts and ombudsmen and even appointment of a guardian.

There are aspects of the Dutch preventive program for children which would need thorough exploration before being recommended here. For example, prevention can be emphasized because there is also a comprehensive national health insurance system in place and every child can get treatment for illness or a handicapping condition. It would appear that prevention is difficult to impose without a curative system in place.

The Dutch operate the preventive system for children through private, nonprofit agencies locally organized and controlled, with neighborhood, religious or ethnic sponsorship. Government makes up the deficit of every organization that meets national standards. The child health nurses are uniformly trained; salaries are nationally fixed. The well-to-do cannot, and do not seem to want to, outbid or outbuy the less well off.

There's no secret formula that the Dutch (or Scandinavians or French or Finns) have patented for the child health program, but there are a few critical elements.

First, all children must be eligible and all children covered. If a system is geared for the poor alone, it rapidly becomes a poor system. Preventive services are needed by every child and every family. Immunizations to prevent epidemic diseases; health education to assure proper nutrition and living habits; family health educational support to put an end to epidemics of social diseases — drug abuse, alcoholism,

venereal disease, child abuse—are as much general community public health measures as chlorination of water.

Second, the services should be carried out by experts in the practice of prevention. We've tried for years to get physicians interested in prevention. It hasn't worked. The preventive health worker should be more like the public health nurse in background and training, with experience in preventive medicine, family and child care, health education. A British "health visitor" for example, has had nursing training, midwifery and public health training, sometimes with a dash of pediatrics.

A third necessary element is the participation of the family. Millions of parents and family members are involved in our school systems and, while we tend to be critical of the system, it is clear that in those schools where the most parents are involved, the school tends to be better. Perhaps we cannot have all the private neighborhood organizations for preventive services that the Dutch have, but we can provide these services for our children. Even where there are official agencies carrying out these preventive activities, we should insist on citizen boards and advisory groups to ensure against bureaucratization and assure responsiveness to the community.

Finally, children need preventive services from the beginning, which means prenatal services and observation and care all through pregnancy. Newborns and infants should have handicaps detected early. Pre-school children can get care from neighborhood centers, where all immunizations and examinations can be done, and school-age children can get preventive supervision and examinations in the schools.

I am amused when I hear how we are a "child-oriented" society. Are we ready for a child health program that is meaningful? Preventive minded? Offering comprehensive care? Raising the level of health and longevity of the next generation? For less than we are paying now?

*Professor of Public Health, Yale University School of Medicine.

Prison Health Ruling

Arnold H. Lubasch, "Prison for Women at Bedford Hills Ordered to Improve Medical Care," New York Times 126:63 May 1, 1977

Improved medical service at a women's prison has been ordered by a Federal judge who ruled that prisoners were denied the "necessary medical care" at the state prison for women in Bedford Hills, N.Y. According to the judge, Robert J. Ward of the United States District Court in Manhattan, inadequate medical care at the prison constituted

"deliberate indifference" to the health needs of the women prisoners in violation of their constitutional rights.

Judge Ward ordered the lawyers in the case to meet within 30 days to work out an agreement for better access to medical care in the prison infirmary, improved sick-call procedures, follow-up reports on laboratory tests and periodic audits of the prison's medical service. The judge's 83-page decision resulted from a 1974 civil rights suit that the prisoner's rights project of the Legal Aid Society filed for inmates at the women's medium-security prison, called the Bedford Hills Correctional Facility, which houses 380 prisoners. The case involves one of several suits by inmates at Bedford Hills. . . .

In the medical-care suit, Judge Ward said that his trial of the case last January showed that inmates at Bedford Hills had suffered from "substantial delays in obtaining access to a physician for needed medical attention." The prison's sick-call procedures provided inmates with a brief time to tell their problems to a nurse who stood behind a barred cashier type of window or a locked door, the judge said, adding that "the nurse cannot conduct any meaningful evaluation of an inmate's medical complaint" in such circumstances.

Judge Ward stressed that a lack of communication and observation in the prison infirmary meant that medical complications could go unnoticed for some time, subjecting "seriously ill inmates to grave risk of harm." He added that the continued use of the inadequate infirmary for seriously ill inmates, when prison officials knew there was a serious lack of communication and observation, constituted "deliberate indifference" that violated the constitutional rights of the prisoners. The judge's detailed criticism of medical care in the prison said that the system for following up laboratory tests failed to ensure that the doctor's orders would be carried out, resulting in unnecessary pain and containing "the potential for dire consequences."

Despite his criticism of medical care, Judge Ward observed that he was "not unfavorably impressed with the individual members of the Bedford Hills medical staff" and added that "they appeared to be truly concerned with the well-being of the inmates they served." He concluded, however, that the administrative procedures for medical service at Bedford Hills were "grossly inadequate" and resulted in "the denial of necessary medical care for substantial periods of time."

Mr. Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana

The following information is submitted for your consideration. I recommend that any integration of human services be accomplished for the sake of and in the best interests of clients and not for the sake of bureaucracy. However, these two aspects are not mutually exclusive of one another as a functional bureaucracy can better serve the clients. The efficacy of a social service program would appear to me to be based on the administration and bureaucratic structure which ideally involves and evolves around those workers on the front line offering direct services. If clients and the ways in which their needs are met are the prime concern, then those workers providing the services should be the major consideration in a bureaucratic structure.

Montana's largest human service program, Social and Rehabilitative Services, appears to be deficient in this area where the emphasis is on a single state administration and front line workers are too often virtually unknown and not heard. Inherent in this problem is the vast area of Montana and the separation by miles between workers, and workers and the state office. The state office workers of Social Rehabilitative Services function too often in a vacuum unable, due to distance, to keep in touch with those who deliver the services.

Social Rehabilitative Services' present system with one state director and administrative staff at the top along with a dissemination of supervisory personnel at regional and county levels leaves direct service workers far removed from contact, sharing and input with the upper echelon of the administration. And conversely, administrative workers do not have the opportunity to be involved and informed regarding the day to day practical matters encountered by the direct service workers. Direct service workers are left to implement and carry out the dictums of others without input which often leads to decay in morale.

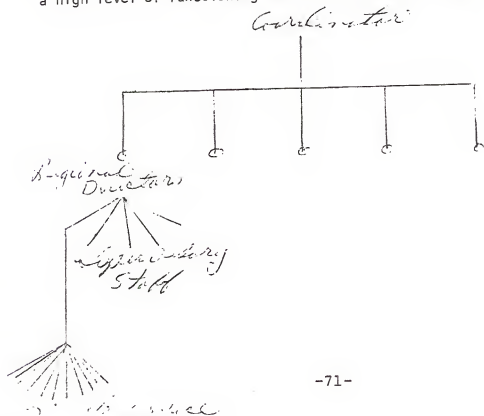
I would like to propose a structure which is more geared to include and respond to the front line workers so that the clients can be the resultant beneficiaries. It is a well known fact that if one's needs are better met, they in turn are better able to meet the needs of others.

Therefore, I would recommend that a merger of human services on a regional basis be considered - akin to the present state Mental Health Regional structure. Instead of one State Director and State administrative staff, I would recommend Regional Directors, each allowed to be fairly autonomous and responsible for policies and implementation of programs in their respective areas. A state coordinator with a small staff to be responsible for imparting federal and state guidelines, facilitating coordination between regional directors, arranging for staff development

for all regions and being the source of accountability to which each director must respond,

Advantages of Regional Structure.

1. Directors on a regional basis allow for a more direct interchange between regional administration and direct service workers which should promote higher morale and less frustration on the part of direct social workers. Regions could better promote a spirit de corps among workers than a state system.
2. A regional structure should contribute to more efficient coordination within a region - smaller area and fewer workers and client population.
3. A regional structure with regional directors who can function fairly autonomously invites innovation and also a healthy competition between regions. Each Director can have the opportunity to closely observe other regions and thereby adopt, avoid or improve program aspects in his/her region by witnessing the successes and failures in other regions.
4. Each region would have the chance to share with other regions instead of having to look outside the state at other states' means of merging and implementing programs, which are often states that do not share our problems.
5. A regional structure allows for better accountability; if a region is not doing as well by comparison to the other regions it is more readily obvious. With a regional set-up as opposed to a single state administration, directors have the impetus to improve and/or maintain a high level of functioning due to more readily identifiable deficiencies.



*Mrs. Sally M. White, M.
Catholic Social
Service, Inc. 11/1/60*

September 9, 1977

Mr. Joe Brand, Chairman
Interim Committee on Human Services
State Capitol
Helena, Montana 59601

RE: Study on the Delivery of Human Services in Montana

Mr. Chairman and Committee Members:

As a professional organization of Social Workers, we are pleased to have this opportunity to address the issue of the delivery of human services in our State. Our following comments and recommendations are based on the expertise of our statewide membership. NASW has members engaged in the administration, as well as direct delivery, of Social Services. We present our recommendations to you with the firm conviction that whatever policy decisions are made with respect to the administration of human services, it is the every day effort of service providers which will determine the impact of these policies on the quality of life of Montana residents. As a professional organization, our objective is to improve conditions of life in our society through the use of our professional knowledge and skills. It is in this respect that we offer the following comments.

The task assigned your committee is indeed an awesome one. We have carefully studied your research design and how the plan is aimed at achieving your goals. These goals include "making the system more efficient, responsive, and accountable". We indeed concur with the expressed concerns of the deficiencies of our State's human service delivery system; of the gaps, inequities and inefficiencies. However, as we examine these complaints further, we ask if they do, in fact, identify the problems? Have the problems been accurately identified? We are not sure that they have at this point; however, we do feel they can be identified. For any administrative structure within human services to be effective, there must be assurance of responsiveness to identified needs. The response to identified and actual needs will begin to assure quality services. To consolidate human service agencies under one administrative system without adequate planning and additional resources, without safeguards to insure that the recipients are being effectively served, and without community and local needs having been sensitively assessed, could create as many problems as consolidation would eliminate.

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A needs assessment could assure that services offered are relevant and needed within a particular community. We need to be more explicit than to say there are gaps and duplications. Some local areas have more gaps and duplication of services than others. For instance, we are aware in Billings that there is a high number of agencies offering services to the unwed mother. Yet, in the small community of Virginia City there is one worker providing this service, in addition to a multitude of other services. In the instance of one service area in one community there is a duplication and with the same service in another community there is a gap in needed services. To extend this further, has there been anything to assure that these particular communities perceive this service area as a problem or need for them? Services are often ineffective because the community has not defined them as a need. They are more responsive to an administrative need and not local needs.

The quality of services depend upon a variety of factors. Among the more critical influences is indeed a responsive administrative structure. Policy development within such an administrative structure would assure maximum flexibility in meeting local service needs. Special consideration would need to be given to rural versus urban cosmopolitan and how service needs vary in such population areas. A basic step for this structure to be effective first would be a more accurate assessment of local needs. This could be accomplished through a research design or needs assessment.

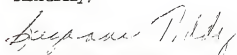
Within our organization we do have the expertise available to conduct such a needs assessment. We offer our assistance to your committee in conducting such a needs assessment. As previously mentioned, we not only have the administrative expertise but our membership on the local level consists of those practitioners who can assure that the data gathered reflects local needs and problem areas.

Our service delivery system needs to be more efficient, more effective, more accountable and more compassionate. Whatever the future structure, it should address individuals as whole people, strengthen families and come to grips with the neighborhoods and communities in which our recipients live. This NASW would support and an administrative structure that assures quality services. Further, as a basic ingredient in assuring quality services, consideration must be given to the competency of administrators and practitioners alike; that they be trained and have expertise in human services. The most sound administrative structure cannot meet its objectives if the line workers are not trained and have not invested in the process. Their participation in identifying needs and problems could enhance their investment. Dick Howard, Director of the Council of State Governments' Innovations Transfer Program, in the August 1977 issue of "Connection", also expresses the need for input on the part of local administrators and line workers for the successful delivery of integrated human services.

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We are most pleased to see such a study of Human Services being undertaken. As a professional organization we do hope to be intimately involved in this process and do offer our assistance to you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Tiddy".

Suzanne Tiddy, ACSW
President, Montana Chapter
NASW
C/O The Casey Family Program
The Diamond Block
Helena, Montana 59601

Attention, Inc.
Attention Home
Attention Home - Runaway Program
602 N. Ewing
Helena, MT 59601

September 9, 1977

Mr. Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, MT 59601

Dear Dick:

This letter is to provide some input to you concerning the Human Service Delivery Structure. Our Attention Home experience is exclusively with Juveniles and the services they are or are not provided. Our encounters with these services cover three years and over 350 youths between the ages of 11-17.

It is very difficult to present our thoughts and comments in a clear and concise manner. This is particularly true because of the case histories we have to support our contentions. But, here goes.

Over-lap and Duplication

The Agencies we deal with (Aftercare, Juvenile Probation and Welfare) are theoretically designed so as not to duplicate their services to Juveniles. There are two problem areas that we see still remain, however. First, the seperation of youths into designations for service such as Children in Need of Care, Children in Need of Supervision, Adjudicated Youth, etc. are not clearly delineated by agency and thus cause Agencies to be dealing with youths that such an Agency was not designed to work with nor given the resources appropriate to that particular "kind" of youth. Second, when a youth is transferred between agencies, all kinds of problems crop up, primarily in regards to the kid getting a fair representation. For instance, Girl A is transferred between Agencies and ends up having three evaluations (not to mention the stops in between), none of which could be classed as being from a more superior or higher quality evaluation center. Due to what we call this bouncy, bouncy, this constant starting over from base zero by a new agency, Girl A got thoroughly ensconced in the system and ended up at Mt. View where in our judgement and to the negation of our efforts with the Agencies involved, she did not belong. Or, Girl B who at one important time in her 16 year old life (imminent motherhood and a decision concerning keeping or not keeping the child) had Aftercare, a Drug Treatment Center, Welfare and her Group Home parents all pulling and pushing in conflictive directions and all "for her best interests."

To sum up this second point, we find in case after case that a youth is transferred from one agency to another and for some reason the work with that youth starts again at base zero; whether it be trying a foster home, evaluations, group homes, independent living or, most frequently, trying it once again with the natural parent(s).

The reasons why these occur seem to be three fold, non-professional behavior, lack of intercommunication between agencies, and lack of a professional child advocate whose only job is each youths best interests. These last two instances are roles the Attention Home program attempts to fill. But, given lack of any but moral authority, we are not often given more than cursory attention.

Service Deficiencies

1. Except for local Mental Health Centers (which carry a stigma most folks are not willing to ignore) family counseling services exist in many forms for families with youths under 12 but not for teenagers. There is desperate need for teenage/family counseling services. ~~Requests~~ Requests for such service are frequent and loud.

2. The thorny area of communication of information about a youth and his/her background, needs, problems, and etc.. This, of course, touches confidentiality and the legal ramifications there in. What we see is a need for re-evaluation of confidentiality statutes in line with the road blocks they currently seem to place in the way of Agency workers doing the best job for a youth.

Because of this problem, an Agency will not open up a youth's file to another Agency even though that Agency is expected to make decisions affecting that youth's future. For instance (also cases mentioned above), Boy A placed in the Attention Home with strong indications, but still rumor and innuendo, that this boy has a history of violent outbursts resulting in at least one stabbing with "something". The Mental Health evaluation was locked up until parental release could be obtained. Meanwhile the placement continued for two weeks with out necessary staff knowing the true nature of the youth's mental history or what might or might not trigger a recurrence of violent behavior. You can bet that our claiming lack of adequate information due to confidentiality statutes would have stood pretty mute next to *news of* a stabbing in a group home for teenagers.

Most cases are not this dramatic only in the sense of danger but are in the sense of youth's being forced time and again into situations, placements and other circumstances some other agency has already determined is unworkable, unacceptable or even harmful.

3. ^{Legal} ~~Local~~ assistance for juveniles is a very deficient area we have noted. What has occurred time and again (at least in Lewis & Clark County) is that juvenile defenders are the newest, youngest lawyers attempting to get a foot hold in the community and take the juvenile case load (indefinite number of cases at \$90 per month) to build necessary experience and contacts to move on. What happens is that long before a juvenile lawyer begins to learn about manipulative behaviors, youth resources and etc, necessary to provide adequate counsel to teenagers, he's moved on and a new lawyer has taken over.

The legal part of a youth's contact with the system (even for

consent adjustment) is the most critical we've seen. What is required is a legal youth advocate, a professional juvenile lawyer who is paid competitive wages so a good juvenile public defender office can be established to promote consistency and court referral to the kinds of resources that are available for a youth in need.

This isn't well stated I sense but I'm not sure how I can even use case histories to strengthen the argument that the "human services structure" is providing wholly deficient youth services when we have one of the weakest links in our legal arena. A good example of a Juvenile Defender Office is in Missoula, I understand.

Structural Improvements

We're not sure if the following ideas represent structural aspects of juvenile service delivery, but we think they deserve strong consideration at any rate.

1. What would be of tremendous assistance to all segments of the youth service structure would be a resource directory of Montana Group Homes, Education Centers, Treatment Centers, and etc.. This Directory should contain some of the following descriptive features under each heading:

1. location
2. general population served
3. program strengths and emphases
4. staff strengths and interests
5. availability and variety of educational opportunities
6. community description including entertainment and recreation opportunities
7. the kinds of clients generally sought and with whom best results are obtained

Such a directory should be updated every six months and could be useful to judges, lawyers, workers, parents. We're so tired of hearing everyone working with youths say "what's available". If it comes to the point that they're asking that, it's almost a for gone conclusion that the youth will get one more inappropriate bounce.

2. The difficulty with many programs that exist in Montana (Aftercare Homes, District Youth Guidance Homes (DYG), Achievement Homes, etc.) is that they require a kid to fit a certain kind of slot or need. This is partly due to an extreme lack of such alternative placement/treatment options. The need is to establish some of the following:

1. positive peer group culture programs
2. residential treatment centers
3. residential treatment centers for chemically dependent
4. long term group homes set up under different guidelines than DYG and Aftercare Homes.

3. Two structural improvements relating to number two above are as follows.

A. DYG and Aftercare Group Homes are set up for six month placements by court order or consent adjustment. Given the nature of the youths who are placed there, not only is this not long enough but promotes an instability, a lack of permanence and structure that usually was the cause of their behavior difficulties in the first place. The nature of the length of stay at these homes needs to be re-examined. In addition, currently only Children in Need of Supervision can be placed in these Homes. Thus, partly because of the desperate need for such long term Group Homes, youths who might be Children in Need of Care ^{or} ~~and~~ Adjudicated merely to meet the criteria for placement or are "sneaked in". Both are very unacceptable solutions to the problem of needing long term placement for youths

B. Boy B is currently in a Residential Treatment Center in Denver at a cost of \$1075 a month, Girl C is also in a similar Center in Denver at a cost of \$1175 per month. Girl C was previously (she's a great case of bouncy, bouncy) in a center in Oklahoma at a cost of \$520 a month. Boy C is in a Center in Washington State at a cost of \$1600 per month and Boy D is in another Center in Colorado at \$1700 per month.

Can you guess what structural improvement we recommend? Given these kinds of costs (plus transportation for the youth and at least one worker to go along) lets set up Centers in Montana and create a few jobs here, keep the money in state, most likely reduce costs a little bit along the way, and most important of all, provide treatment in or near a youths community where it is most effective.

That pretty well covers the areas of concern we have concerning the Services for juveniles. To consolidate the recommendations:

1. A professional child advocate who follows each youth through the agencies involved.

2. Systemic requirement of inter-agency staffing when ever a youth is transferred between agencies.

3. Family Counseling Services for families with teenagers. Particularly, services that are not tied so closely to Mental Health Centers so as to give their stigma.

4. Review of confidentiality requirements.

5. Systemic requirement that agencies open up their case files when a youth is transferred between agencies.

6. A professional Juvenile Defender Office.

7. Resource Directory of juvenile Services and Centers in Montana.

8. Systemic re-evaluation of the rigid requirements for placement in DYG and Aftercare Group Homes.

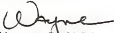
9. Establishment of a variety of necessary Youth Services including Group Homes, Treatment Centers and Evaluation Centers.

10. A systemic requirement prohibiting out-of-state placements only after establishment of adequate, high quality Centers in Montana by use of funds ordinarily set aside for out-of-state placements.

A final area of recommendation would be our full support of getting the evaluation components out of the state juvenile institutions and providing staff assistance to community based residential projects such as the Attention Home to coordinate the resources necessary to get those evaluations done locally (Mental Health Centers, School Special Services, and etc.).

If there is any assistance or information we can provide you in using our input in developing the draft legislation, please give me a call. And, on behalf of our Staff (without whose help this report would have been very limited) we wish you well.

Sincerely,


Wayne Phillips
Director

WP/ss

P.S. Something that came to mind while this was being typed is the horror show they call the "Children's Unit" at Warm Springs. It should be removed from its miserable, 18th Century setting, the staff revamped and then, possibly, it would represent a good treatment center. It's frightening to think that place represents our state institutional effort at treatment.

EWB



Richland County Welfare Department

221 5th St. SW
Sidney, Montana 59270
406-482-2015

September 9, 1977

RECEIVED

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**MONTANA LEGISLATIVE
COUNCIL**

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, MT 59601

RE: Interim Committee on Human Services

Dear Mr. Hargesheimer:

I'm pleased to have the opportunity to respond to Joe Brand's request for assistance. Richland county is right next door to the state of North Dakota. We have an opportunity from time to time to work with the Area Social Services Centers. This system seems to work real well in a rural state like North Dakota. I would like to suggest that this structure be looked at as an alternative to our present regionalization. I feel regionalization is ineffective in our state because of several reasons, geographic area and population among them.

The Area Social Service System has to be what the name says it is; a complete human service delivery system in each area not region. A region is far to large an area, at least as far as Region 1 is concerned, to put up with the distance. This does not mean that there are no social services that would continue to be offered on a local level; this would strictly be dependent on population and demand.

In the past five years I have seen a disturbing amount of infighting and competition, not only between agencies but within Social and Rehabilitation Service itself; the creation and management of the Developmentally Disabled Bureau and Division being the most glaring example.

What the legislature seems to have in mind when it creates a social service program and what actually drifts down to the local level are sometimes worlds apart. The legislature created services to disabled persons with the intent of first developing community programs to care for those persons to be leaving institutions. Unfortunately those persons left the institutions first and community service programs were developed on a crisis basis from community to community. Even though many welfare departments were heavily impacted by the sudden increase in case loads there was no increase of staff to provide the services that legislature has mandated. This problem continues to exist.

The Social Service Delivery System within the state of Montana depends upon the personnel. They hire under a myriad of job descriptions. Many employees

Richard Hargesheimer, Researcher
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September 9, 1977

are disgruntled on the lack of opportunity in the pursuit of a career. Persons entering the personnel systems within the Department of Social and Rehabilitation Service typically have no method of advancement and it seems as if the Department rather than support the establishment of career ladders has fought it. By now you may have received a number of responses similar to mine and it should be apparent there is room for a great deal of improvement within the delivery system itself; within the method of choosing personnel to deliver the social services and in trying to keep qualified personnel.

The failure of Social and Rehabilitation Service to completely merge all of its service delivery systems (i.e., Welfare, Vocational Rehabilitation, Aging Service, etc.) has been the cause of a great deal of continued duplication. I am sure the legislature knows that in order to create a number of social service programs there have to be a certain amount of personnel to see that the services get delivered. Perhaps what the legislature doesn't know is that these personnel never reach the local level where the service is delivered. They always seem to be absorbed somewhere in the bureaucracy.

If you care for future comment please don't hesitate to ask. I sense that I am beginning to sound very frustrated and it is best to discontinue my response.

Sincerely,

Sharon L. Rau
(Mrs.) Sharon L. Rau
County Director II

SLR:kan

September 9, 1977

Mr. Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, MT 59601

RECEIVED
SEP 19 1977
MONTANA LEGISLATIVE
COUNCIL

Dear Mr. Hargesheimer:

This letter is in response to a memo sent by Mr. Joe Brand, Chairman of the Interim Committee on Human Services, requesting assistance concerning delivery of human services in Montana.

There are problems in delivery of human services between Boulder River School and Hospital and the Department of Social and Rehabilitation Services, concerning community placement of residents. Presently, Boulder River School and Hospital works with the resident in the institution and prepares a referral, which is then sent to the Department of Social Rehabilitation Services. The Department of Social Rehabilitation Services, through workers in the field, try to find an appropriate placement in the community, based on the referral information. Staff from Boulder River School and Hospital accompany the resident once a placement has been found. This is a bulky system and it would better if the placement responsibility were placed with Boulder River School and Hospital.

In the communities, there are several kinds of human services agencies available; such as, Regional Services, Mental Health Services, Social Rehabilitation Services, Social Welfare Services, Vocational Services, etc. Normally you find these services located in several different buildings within the same community. It is confusing for a client trying to receive assistance to know initially which service to go to, and secondly, to know which building to go in order to find the service.

All human service delivery agencies should be centralized and located in one building with a central receptionist, who would then steer the individuals to the proper agency in the building. This would eliminate a lot of duplication between services and assure that the client receives the proper service without getting the runaround.

I appreciate your allowing me the opportunity to comment.

Sincerely,


Gerald F. Butcher

GFB/ej



STUDENT HEALTH SERVICE

University of Montana
Missoula, Montana 59801
(406) 243-0211

September 9, 1977

Mr. Richard Hargesheimer
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

This is in response to a request for assistance to the "Interim Committee on Human Services". My comments will dwell primarily on the suggested response outline in a memo from Joe Brand.

One of the areas of overlap in which I have noted is worker health and safety. The Environmental Sciences Division of the Department of Health and the Bureau of Safety of Worker's Compensation Division (Department of Labor and Industry) are concerned with similar areas. It would seem wise in terms of worker health in particular that this be entirely a Department of Health responsibility. They have the expertise required to properly evaluate and resolve health hazards.

It seems to me that the entire area of services relating to human health needs evaluation. Some work has been done on this in the past few years and this information should be available. It would be most important that those areas which relate to the prevention of human illness and injury continue to receive a preventive emphasis and be managed by persons with adequate college training. Properly qualified persons are those who have graduate degrees in public health plus experience in that field. This should be a "must" requirement for the Director of the Department of Public Health.

I know there has been an attitude within recent years that persons most responsive to the needs of the people are those who are politically appointed. I disagree very strongly with such a philosophy. Montana taxpayers are much better served by persons employed in technical service areas, who are appointed on the basis of educational and experience merit. I think it is most important therefore, that the Merit System be re-established to its former status, including the reinstatement of the qualification standards which have been discarded.

I hope that these comments will be of help to the committee.

Sincerely yours,

Kenneth B. Read

TO: RICHARD HARGESHEIMER, RESEARCHER
MONTANA LEGISLATIVE COUNCIL
STATE CAPITOL
HELENA, MONTANA 59601

RE: HUMAN SERVICES REQUEST FOR ASSISTANCE

Developmentally Disabled case managers - duties and purpose?
Nursing Home case managers? Who are they - what is their purpose?
Food Stamp Outreach - Much too costly - response nearly nil - No need for
outreach staff - Duplication of information put out by certification agency.

Aging Services - Home Chore Services	}	Many of same people getting services from both agencies Duplication of Services
SRS - Home Attendant Services		

Coordinating Information of Services Already Available
ie. Instead of bringing new services into a community, find out what
is presently available - such as alcohol outreach - expand present
programs where possible. Added staff to existing Social Services would
be less costly and more efficient than setting up additional agencies.
Keep social services administration at the local/on-line level - more
aware of community need and programs existing.

More coordination between: Child Welfare
Juvenile Probation
Youth Development

Who does what? Funding sources and budgeting duplications.

More team approach to be used when common agencies working for a common goal
with a specific family or person or problem.

To: Richard Hargesheimer, Researcher
From: Betty Waugh R.D. *BW*
Subject: Human Services

The Interim Committee has an important function to perform. Human Services offered in Montana should be "integrated", if possible, and the system made more efficient.

As dietitian in the central office for the institutions, I address only the area of food service with the following comments.

There is a lack of concern for the cost of providing meals in group homes, half-way houses and institutions.

There are dietitians in other areas of human services, however, their responsibilities lie in assuming that the proper nutrition level is maintained in the feeding programs. The responsibilities of Administrative Dietitian in the Institution Central Office not only involves proper nutrition, but also involves the development of the proper efficiency level in the food service operations which will result in reducing costs.

Eight years ago I accepted this position, in part, because of the challenges offered in the advertising of the position - "a dietitian could save a cent a meal and save the state a million dollars a year". With a previous 20 years in Food Service Management, I felt qualified to accept the challenge. After the first visit to the institutions, a million dollars a year seemed only "the tip of the iceberg".

The need for better food service management was obvious. The appropriate office for developing proper management control would be a central office, assuming the central office was formed because of a need for good, consistent management among all facilities called "institutions". The results of "no central office" could easily be observed. Extreme Food Service inventories not only tied up large sums of money, but resulted in many items being discarded due to deterioration or spoilage. Food Service operations being completely altered as a result of one particular superintendent's opinion without any long-range planning as to future needs was apparent. Purchasing was not based on "needs" but rather on how much storage space was available. Budgets for "food" included money to be used in other departments and menus were constructed on Superintendent's preferences.

Human services are needed and money should be provided to enable tax-funded operations to serve nutritious, well-prepared and attractively served meals. Money should not be made available to tie up huge sums of money in inventories or to provide menu items which are expensive and unnecessary or to have an excess in "food" budgets which might be used to cover other areas of operation. Sound business management practices should be a part of any tax-funded operation. "Sound business management" in food service means providing residents with nutritious meals that are tasty and attractive and for a reasonable cost to the tax payer. A "reasonable cost" being defined as -- what the average tax payer can provide for his own family. Food Service Management involves proper "mechanics" for determining actual food costs; establishing budgets on realistic needs; proper control of budget expenditures and, most important of all, it involves placing the responsibility of good management with the person who can "make a pound of hamburger feed one person -- two persons -- or five persons" -- the Food Service Manager. The dietitian position in this Central Office should be responsible for training Food Service Managers to operate efficient and effective food service operations.

The Central Office must have qualified personnel with each person clearly understanding the functions of this office; the responsibilities of this office and exactly how much "authority" this office can and will exercise over the day-to-day management of the institutions.

Office Memorandum •

MONTANA STATE DEPARTMENT OF HEALTH

TO : Joe Brand
FROM : Maxine S. Bower *msb*
SUBJECT :

DATE: September 9, 1977

This is in response to your request for assistance.

A major area in which the human services delivery system is deficient is in health education of the public. There is much information known about prevention of illnesses and disabling conditions that people do not know or have not been motivated to change their behavior. Before anyone can function well in any situation as a businessman, parent, blue collar worker, student or you-name-it, they must be in good health. Every individual must be motivated through involvement to put the care of his/her own body as top priority. This same thing applies to all areas of human services--helping people get involved in the planning and delivery of human services will insure their proper use and interest in such services. In the public health field, health education specialists have expertise in education and involvement of the public.

SS

September 9, 1977

Mr. Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, MT 59601

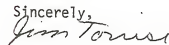
Dear Mr. Hargesheimer:

A step that could be taken to make human services delivery more humane would be to include those who are affected by a program on policy making and advisory boards. In most cases legislation would be needed. An example would be (a mandate) for a certain percentage of ex-alcoholics and low-income representatives on both regional and state boards and councils that advise and make policy for state alcohol programs. An appropriate representation of the groups mentioned might be a makeup of 1/3 of the total on these boards. Where appropriate, legislation should be drawn up to create advisory, policy-making boards so that all human service delivery organizations have these boards. Important too, is that these boards have input into policy making as "advisory boards" input can too easily go for naught. There is a tendency for people who are well off or have "pulled themselves up by their bootstraps," to blame human service program recipients for taking their tax dollars via "give-away" programs. However, if it is remembered that bureaucrats and not low-income people design these programs, any "blame" might be better placed. Let us try a method where low-income people have more than token representation, in fact have an effective vehicle for making direct changes in human services delivery.

Another point to always keep in mind is keeping to a minimum administrative costs. The Weatherization Program, run out of the Human Resource Division is mandated to keep its administrative costs at 10% or less. Many other programs would run more efficiently if they followed similar guidelines.

Another improvement would be the creation of one agency to coordinate, and thus individualize and make more human, human services delivery. The SPAARS program (single purpose applications and automatic referral) which has received exploratory funding would be a step in this direction.

Sincerely,



Jim Torrisi
VISTA Worker
Department of Community Affairs
Human Resources Division

State of Montana

Department of Labor and Industry



Labor Standards Division

Helena, 59601

449-3472

THOMAS L. JUDGE
GOVERNOR OF MONTANA

DAVID E. FULLER
COMMISSIONER

September 9, 1977

To: Dick Hargesheimer, Researcher
Montana Legislative Council

From: Dave Fuller, Commissioner
Department of Labor & Industry

Re: Request from Representative Brand

I have attached those remarks I have received in response to Representative Brand's request.

Pursuant to that request, I anticipate that individuals within the Department may have communicated their concerns to you directly.

I feel the attached comments adequately represent the areas within this Department which may be of concern to the Committee. As I have indicated to you, I am in the process of establishing internal task forces to explore these issues as well as other more routine re-organizational possibilities looking toward some administrative changes and possible legislative recommendations.

I will, of course, keep you and the Committee informed of any substantive changes that may be developed.

Attachment

September 1, 1977

To: Dave Fuller

From: Fred Barrett

SUBJECT: Request for Assistance-Human Service Delivery in Montana

The following comments are in response to the recent query received from Representative Brand.

We are in agreement with many of the stated observations, especially relative to duplication and overlap. It is a problem with which this agency has been struggling for many years. We have, over the years, worked out many cooperative operating agreements between this agency and others to avoid duplications in areas where programs or procedures dictated services of the same types or to the same clients. However, in terms of integrating human service delivery we have never seen a workable system, nor do we now, which would allow a combining of agencies. As with this agency, so many of the Human Service Agencies operate with federal dollars (in the case of E.S.D., 100% so) which are to be expended for specific categorical programs, from which we are not free to deviate. The specific laws and regulations which accompany these funds are extremely prohibitive as how they may be used. Most, and especially in terms of Employment and Training Programs, even specify the clients or client groups who are to be served.

The problem of duplication in such areas as job placement, employment and training programs, and others remains, however. What may be even worse is the occasional hole between programs or agencies through

which clients to be served seem to be occasionally lost, receiving little or no services from any agency, when a host of agencies have resources or delivery systems which could help that individual. To address both this problem, and that of duplication, our agency has began a team approach in Employment and Training Programs, which tends to minimize the above problems. While the team concept produces some particular problems of its own, we see it as one possible solution to the problem our state faces.

It would seem that in instances where specific categorical programs prohibited agency combining, a team approach to services could still be explored. If staff members from several agencies were assigned to Human Service Teams, working at the same locations, they could still each be funded from their specific budgets or categorical programs; and at the same time improve delivery to the public while assuring program or service linkages. Citizens of Montana would not need to visit numerous locations until they found the program or agency who could help them. There would be no "holes" between programs through which people could fall, because they didn't know of or visit the right agency; and certainly the duplication element could be minimized. While even this approach would have problems and require tremendous inter-agency coordination, the positive aspects seem numerous enough to warrant careful consideration.

Please feel free to contact this agency if we can be of any further help.



DIVISION OF WORKERS' COMPENSATION
MONTANA DEPARTMENT OF LABOR AND INDUSTRY

815 FRONT STREET
HELENA, MONTANA 59601
Thomas L. Judge, Governor

SEP - 9 1977

Norman H. Grosfield
Administrator

DEPT. OF LABOR & INDUSTRY

TO: Dave Fuller

SUBJECT: Interim Committee on Human Services

FROM: Norman H. Grosfield

DATE: September 9, 1977

Pursuant to your request for information to be given to the Interim Committee on Human Services, I can give you the following information.

Matters concerning the Workers' Compensation portion of the Division's program, i.e., the payment of compensation medical benefits to injured workers, are unique functions and I do not believe could be duplicated or overlapped by other state agencies. The only possible overlapped area would be questions concerning health and safety inspections, which are performed both by the Division of Workers' Compensation and the Department of Health and Environmental Sciences. Whether there is an overlap there would have to be thoroughly studied. Both agencies have statutory mandates concerning health inspections. However, the federal government through OSHA has pre-empted the states from carrying on compliance efforts in most employer plans.

In the area of system deficiencies, the Division has continuously improved its delivery system to provide a more efficient and economical operation, which benefits both Montana employees and employers. Little, if any, legislative action can or needs to be taken to provide efficient operations. This must be the responsibility of the agency personnel. We are in contact with the Division of Employment and Security at times to check information concerning employer payroll information, and it does not take statutory changes for Division personnel to pursue this.

Organizationally, the Division is attached to the Department of Labor and Industry for administrative purposes only. One area where legislative improvement could be made would be to remove the designation "for administrative purposes only" and integrate the Division fully within the Department. There seems to be no rational basis for not fully integrating the Division within the Department. This would provide direct line authority from the Commission of Labor and Industry to the Division and it would remove the provision for the appointment of the Administrator by the Governor. Possibly, it would be helpful in the future to more adequately study the areas of internal efficiency between various divisions within the Department, if the designation "for administrative purposes only" was removed. However, this should not deter the Division from fully pursuing efforts to cooperate with all other divisions within the Department and in accordance with the direction given by the Commissioner of Labor and Industry.

Whether it would be appropriate to discuss the possible building of a Department of Labor and Industry building should be considered. The State Fund could use its reserves to build the building and could rent out space to all other divisions within the Department except for the Division of Employment and Security which now has its own building. Since the building of a Department of Labor and Industry structure would require a legislative mandate, it would appear that a suggestion could be made to the Interim Committee to have the building considered in the next legislative session.

If I can be of any further assistance in giving you information on this matter, please feel free to contact me.



MONTANA HUMAN RIGHTS COMMISSION



POWER BLOCK LAST CHANCE GULCH HELENA, MONTANA 59601 • TELEPHONE 406/449-2884

COMMISSION

September 8, 1977

1. BILL MONTANA
HELENA

2. BILL MONTANA
HELENA

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HELENA

4. BILL MONTANA
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5. BILL MONTANA
HELENA

Mr. Joe Brand, Chairman
Interim Committee on Human Services
Montana Legislative Council
State Capitol
Helena, Montana 59601

Attention: Richard Hargesheimer, Researcher

Dear Mr. Brand:

In response to your request for assistance for the Interim Committee on Human Services, the Human Rights Division would make the following observations:

1. You requested that the Committee is specifically interested in learning about the kinds of problems we have encountered in human services delivery system. Perhaps the greatest overall problem that we do encounter is the one that your committee is addressing, i.e., determining what is available within the state of Montana for human services. There is presently no overall directory and/or catalog of services. To determine what an agency does, it is sometimes necessary to make contact with three or four agencies until one is in contact with the proper person. Such a lack of system does lead to confusion, duplication and perhaps the establishment of programs without the awareness of existing human services delivery systems.

2. Whether there is unnecessary duplication and overlap within the advocacy and appeal agencies which the Human Rights division is numbered is, of course, what your committee is attempting to ascertain. By statute, the Human Rights Division deals with the discriminatory practices and attempts to eliminate them by both conference, conciliation and persuasion. (Section 64-308(4), 1947). Further, the Human Rights Commission is to develop programs for the purpose of broadening the base of job recruitment, encourage in enforcing employers and labor unions to comply with the new Fair Practices Act and promote equal employment opportunity and "continue to augment its enforcement in educational programs which seek to eliminate all discrimination."

As the Committee knows, there are other agencies working with minorities and women's groups within the administrative



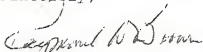
structure. These groups are the Womens Bureau of the Department of Labor & Industry, the Indian Coordinators Office, Department of Community Affairs, the Equal Employment Opportunity Unit within the Department of Administration, the DD Advocacy Program within the Department of Social and Rehabilitative Services and the Department of Administration itself which according to Montana statute is to "insure that the entire examination process, including qualifications appraisal is free from bias." (64-317(3) R.C.M. 1947). While there does not appear to be any unnecessary duplication, it would seem that further cooperation between the agencies would lead to a more efficient delivery of human services dealing with minorities, women and the handicap.

You have further asked to note areas in which the system is deficient and the Human Rights Division would point to the EEO-4 report for the fiscal year 1976 which indicates that women have lost ground in employment within the state government and minorities have shown a very slight increase in employment. Statistics are apparently unavailable for physically handicapped or mentally retarded persons. It would appear therefore that there needs to be effective awareness of services and the law by state agencies not only dealing with employment but the delivery of services to women, minorities and the handicapped.

It is premature at this point to suggest ways to structurally improve the system prior to a proper information retrieval system which would insure the gathering of pertinent data for study and recommendations. You may be assured that the Human Rights Division will cooperate in any way to better the opportunities for all persons within this state.

If you should have any further questions, or wish further comment, please contact me.

Sincerely,


Raymond D. Brown
Administrator
Human Rights Division

RDB/gd

State of Montana

Department of Labor and Industry



Labor Standards Division

Helena, 59601

449-3472

THOMAS L. JUDGE
GOVERNOR OF MONTANA

DAVID E. FULLER
COMMISSIONER

September 7, 1977

To: Dave Fuller
From: Dick Kane *DK*
Re: Interim Committee on Human Services

I believe that the Employment Security Division does process wage claims of migrant workers. Whether or not this would be considered an overlap or duplication of services is questionable.

Our system is deficient in that even with the additional personnel we are still operating with a bare minimum of personnel. This deficiency can be corrected by adequate funding.

I am not familiar with all of the services offered by the other Departments, and am therefore not in a position to judge where there is a duplication of services.

2001 8th Avenue
Helena, Montana 59601
September 9, 1977

Mr. Richard Hargesheimer
Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

In response to your memo of August 1977, I am pleased to respond with the following:

I. Local Services

The concept of regionalization in a state the size of Montana has proved itself a viable method for consolidating scarce resources in such a manner as to provide human services to a wide range of citizens where they need it most -- close to home. At the same time, the opportunity is afforded to obtain local support and knowledge to strengthen and intensify the labors of the providers of service. The five regions with centralized offices in Billings, Miles City, Great Falls, Helena and Missoula lends itself to covering the whole state through satellite offices out of each central city. However, it is suggested that consolidation of alcohol, drug abuse, developmental disabilities, mental health and aging services under one regional and representative board would accomplish the following ends:

- a) Effect cost savings and more flexible programming through joint purchasing, shared offices, planned programming and joint staff activities. For example, a mental health day treatment unit in Kalispell could serve all five target populations and require less staff than if each service area tried to develop their own. The mixing of these five types of disabilities in one program can also provide a more therapeutic milieu for the patients involved. Another example of a potential enrichment of service at a reduced cost is Teton County (population 6400) at present being provided with a Ph.D. Psychologist for mental health services alone. With this proposed amalgamation, this same person could more effectively serve five categories of disabilities. Or take Richland County (population 9900) with a separate mental health service, alcohol unit and developmental disability service. This population base could much more effectively plan and utilize its services if one regional board allocated the service potential.
- b) Improve efficiency through one board contracting with local units for services performed.
- c) Develop increased accountability by centering responsibility and authority on one board that will represent the five fields of service and will answer to funding bodies. A management information system would be devised to provide quickly available and accessible information on services and costs.

September 9, 1977

- d) Increase citizen understanding and support through uniting these five fields of service as they are closely aligned in target population, staffing quotas and patient needs.
- e) Broaden the base of funding support through joint sharing of such resources as Title XX funds, Medicaid support, S.S.I., categorical grants, etc.
- f) Improve ability to relate to the federal establishment and improve opportunities for greater federal level of support.

II. State Services

A. All institutions should be in the same department as their community component. Modern concepts of human services view institutional care as one segment in a continuum of care. Services provided before hospitalization have a direct bearing on the need for institutionalization and services provided after hospitalization can, many times, offer a more effective and cost efficient alternative to long stays in hospitals. Both pre- and aftercare require close and ongoing working relationships with the institution and are best effected when within one department of state government. Thus, the Developmental Disabilities Division, Boulder River School and Hospital and Eastmont Training Center should be in one department; the Bureau of Aging, the Veteran's Home, Center for the Aged and the new Glendive facility all belong in the same department of state government; Warm Springs State Hospital and the five community mental health centers belong together.

B. At present, state evaluations of individual units of service consume a great deal of time of state level staff. Other responsibilities include standard setting, training, licensing, research, information dissemination, technical assistance, program development, funding, etc. This consolidation of services would allow for more specialization of services, such as a human services evaluation unit that could spend 100% of its time in doing just evaluations. Frequently a state staff person is impeded in his training or program development efforts if he has just finished a site visit evaluation that uncovered some deficiencies in operations. It would also allow for an expanded specialized consumer representative unit (such as the Board of Visitors) with sufficient funding to carry out its role as a watchdog for the citizen. It would allow for licensure and certification functions to be performed in a unified and orderly fashion. These units could be based in the Department of Administration, Office of Budget and Program Planning or Governor's Office.

In summary, regional boards with representatives from the five major fields of developmental disabilities, mental health, drug abuse, alcoholism and aging is recommended as a more effective and efficient mechanism for delivering services in Montana. On a state level, it is recommended that community components be linked with institutional services allowing a greater degree of specialization of function.

Sincerely,



Philip Powers

COUNTY OF VALLEY
Department of Public Welfare

Box 272

GLASGOW, MONTANA 59230

September 12, 1977

Richard Horgeshheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Mt. 59601

Re: Your letter dated August

Dear Mr. Horgeshheimer:

After having worked in the human resources systems for a number of years and having learned to work within the system, it was interesting to get your request and to take time to consider the situation.

The number of agencies providing human services and the types of services available are so numerous that duplications and confusion are bound to be present. An ideal situation would be for all human service providers to be located in the same building in the county seats so that services could be better coordinated. This would be particularly helpful for the elderly.

Agencies need to be aware of what services each offers and the changes. Perhaps the new manuals being put out by MSU will meet some of these needs.

Some duplications we saw are:

1. WIN, Vocational Rehabilitation, Visual Services and CETA.
2. Big Brother/Big Sister and DPW (Social Services)
3. Council of Aging (some areas) and DPW (Social Services)
4. Action for Eastern Montana including (and DPW Social Services)
 - a. the Migrant program
 - b. the Battered Women
5. Social Security (SSI) - Medicaid
6. Public Health Nurse services - DPW (Home Attendant)

I hope this is helpful.

Sincerely,

Delores M. Shelton

Delores M. Shelton, County Director III
for Phillips, Valley, Sheridan, Daniels
and Roosevelt Counties.

DMS:nb

Northcentral Montana Community
Mental Health Center

Box 2717
Great Falls, Mt. 59403
September 14, 1977

RECEIVED

SEP 15 1977

MONTANA LEGISLATIVE
COUNCIL

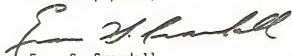
Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

I would like to apologize for my late response to Mr. Brand's request and hope that it can still be useful to you. I have been away from the Center and this is the reason for the delay. I would like to make a more comprehensive input later if this is possible.

Two things that come to mind immediately are (1) when mental health services have grown quite large in a number of states, a separate entity has been formed on a state level under which mental health services are administered. Often the title of Division of Mental Health has been utilized. It would seem to me to be unsound to place Center administration on a state level under the Department of SRS, as that department is already so huge that administration would be unwieldy. (2) There is also the fact that mental health services in Montana have had to be innovative in creating different approaches for delivery, also in returning patients back to their own communities for care in these communities. I have not detected the resilience and pliability in SRS which would be required for continuing effective delivery of mental health services in the state.

Sincerely yours,



Evan S. Crandall
Director

ESC/sc

STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES
INTER-OFFICE CORRESPONDENCE

FROM: Elly Bernau, SWS III, Great Falls District
Office

Date September 14, 1977

TO: Richard Hargesheimer, Researcher, Montana Legislative Council

RECEIVED

SEP 16 1977

RE: Interim Legislative Committee on Human Services

MONTANA LEGISLATIVE
COUNCIL

I appreciate the opportunity to express my concerns re: the human services delivery structure in Montana. My overriding concern is that any effort re: reorganization be undertaken only after considerable and thorough evaluation of existing resources and agencies. All too often changes are contemplated with inaccurate or piecemeal information, incomplete knowledge of rationale behind policy and procedures. I see no need to create additional agencies or programs. There are, of course, internal problems within agencies such as S.R.S., but problems can be corrected. (I am writing about S.R.S. since I work for that agency and can speak knowledgeably about the problems I see.)

S.R.S., Social Services Bureau, and local county affiliate offices are mandated to provide protective services to abused or neglected children with emphasis on preserving the families. I believe the service has been a strength of S.R.S. and has been provided in a thorough, professional manner for years. The Montana Law re: the abused/neglected children passed in 1974 has received considerable publicity. Much public education has ensued, the communities have responded with referrals and caseloads have increased. The average caseload is now around 75--that does not include individual family members. I believe the national standard for caseload size according to Child Welfare League of America is around 30, far less than is reality in Montana. Therefore, Social Workers receive criticism that they are inept, not immediately responding to referrals, when the fact is they are already working to capacity. We received no increase in FTE's for social work positions last legislature, and it seems to follow that Social Workers will continue to receive criticism until more workers are added to line field staff to provide direct services.

Out of home placements should certainly be avoided. Foster care does not solve family problems. The overload on social workers, however, quite often creates a situation wherein a child in crisis is placed because the social worker does not have time to do family-oriented crisis counselling. This, of course, is not good case planning but is, in fact, what happens with insufficient numbers of staff.

Lack of training, i.e.--in family therapy, may very soon be another issue. Prior to the legislative cuts in the Staff Development Division, training for social workers was excellent. Public agency social workers have been some of the best I've seen. They know the problems of foster care, separation, the procedure, necessary resources for abused/neglected children and their families, etc. Yet it seems new programs are often created under the guise of being a support or resource to existing agencies and staffed by people who have No Training in areas social workers know well. Staff Development personnel were not providing

unnecessary conferences out-of-state nor were they having them at resort areas of Montana. They were providing vital, up to date training for social workers and supervisors to solve, or at least remedy, the complexities of human problems.

I believe there is some duplication or at least mismanagement between the Developmentally Disabled Division and the Social Service Bureau. Services for D.D. children and adults should be concentrated in one area. The county social workers are charged with providing "case management services" which appears to be paper shuffling. D.D. regional staff supposedly handles foster home placements for a child placed from Boulder into the community for a period of 3 months. The county social worker then takes over. Reality is the county social worker handles the case most of the time, especially in times of crisis. Regional staff is not going to run to Browning or other outlying area if the placement falls apart in the middle of the night.

D.D. Group Home licensing is completed by S.R.S. district office social workers in conjunction with Fire and Health. Homes are not supposed to have residents until licensure is complete. D. D. social workers tend to look upon licensure as a "facility" investigation. The social workers in this office look upon the responsibility far more importantly. They discuss behaviors of D.D. clients, house parents' background, working ability with D.D. clients, program aspects, etc.

The tremendous change over of houseparents is ridiculous. Many are not trained, not qualified and some have admitted they accepted the job to have a roof over their head and food for a time. Is this providing quality service to D.D. clients in the community? I think not. Despite recommendations against licensing or re-licensing a specific home, we have not been supported. Clients have continued being placed in unlicensed or questionable facilities. Licenses are issued retroactive so payment can be received. It truly seems quantity of homes and licensing for monetary purposes to keep group homes operating has been the predominant theme over quality of facilities and placements. Therefore, if our recommendations are negated anyway the law may as well be changed to let D.D. screen and supervise the placements and have Fire and Health do inspections. Responsibility for licensing without the authority does not make sense.

The role of the Regional Representative within S.R.S. needs reconsideration and further assessment. While the concept was good to coordinate the Bureaus within S.R.S. on a local level, coordination has not taken place. I have no idea what Rehabilitative Services, Visual Services, Veterans Affairs are doing unless I take the time to ask them. The lack of a specific and functional job for Regional Representatives is demoralizing for staff who are considerably below the grade level of Regional Representatives and yet have substantially greater job responsibilities.

Leadership and top level management appears to lack program knowledge in relation to planning for all S.R.S. Bureaus. A possible strategy might be Results Management oriented training. That seems to be a quick method of discovering possible overlap or duplicate provision of services. For example, the foster care and day care coordinators are housed within the Youth Development Bureau. Day Care and Foster Care consultants are within Social Services Bureau. It seems appropriate the coordinators--even if providing separate services -- should be with the consultants who can direct their activity, provide knowledge

Montana Legislative Council Researcher
page three
9/14/77

of program, policy. Day Care/Foster Care delivery is not one of Youth Development Bureau's primary service areas, nor should it be if Social Service Bureau already has the staff and expertise to direct those activities.

This letter may appear totally negative although I have directed my comments to problem areas. I personally feel greater emphasis on short and long range planning would enhance S.R.S. services and result in services to the people. It is time human services stopped reacting to crises and started planning.

Sincerely,



(Miss) Ely Bernau, M.S.W.
Social Worker Supervisor III

EB:mh



STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES

1818 Tenth Avenue South, Suite #6

Great Falls, Montana 59405



September 15, 1977

THOMAS L. JUDGE

GOVERNOR

PATRICK E. MELBY

DIRECTOR

RECEIVED

SEP 16 1977

MONTANA LEGISLATIVE
COUNCIL

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

I am writing in response to the request for assistance from Joe Brand regarding human service delivery in Montana.

My area of expertise is in Youth Services and the following remarks are made with that perspective.

I believe there are many examples of duplication and overlap in Youth Services. However, I feel that these problems go beyond programmatic issues and are related to broader management matters. An attempt to resolve programmatic issues at this time would be like treating the symptoms of a problem rather than the cause and the results would be temporary at best.

Regarding the issue of management or, as Mr. Brand's letter indicates, system deficiencies, I believe the situation can be summed up by using the cliché, "too many cooks spoil the broth."

To illustrate my point I will use group homes as an example.

S.R.S. - Child and Youth Development Bureau funds and therefore administers Achievement Homes and Runaway Homes.

S.R.S. - D.D. Division operates group homes.

S.R.S. - Social Services Bureau pays for foster care and informally administers receiving homes and licenses group home facilities.

The Department of Institutions funds and administers Aftercare group homes, District Youth Guidance homes and a community based residential evaluation home.

The Department of Justice through the Montana Board of Crime Control/Youth Justice Council, funds fully or partially and therefore administers Attention Homes, Runaway Homes, District Youth Guidance Homes and emergency foster care. The above represents those homes that the "State" has impact on. There are also a number of "private" homes which seem to be under no uniform or consistent management system.

Richard Hargeheimer
page two

In giving the preceding examples of homes, I tried to indicate what kind of involvement each agency had with each home. (full funding, partial funding, direct administration, indirect administration, etc.) This level of involvement varies with each home and when two state agencies are involved with one home, the level and degree of involvement varies even more. This can result in overlap, duplication, confusion and often no beneficial results for Youth. If one applies that same logic to other youth programs, (employment, recreation, counseling) the result is system deficiencies--"kids falling through cracks."

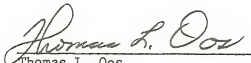
Assuming that all agencies which are involved with youth programs are after the same result; i.e.--to improve the quality of life for youth in Montana, then it follows that each agency should be managed in such a way that the various processes used to accomplish that result are not in conflict with one another and each agency should know what processes the other agencies are using.

Specifically, what I would suggest is that a Youth Service System Management Unit be created and given the authority to manage the entire system.

There have been many attempts to do this with parts of the system and often on an informal or influence basis. The most successful project has been through the Youth Justice Council/Montana Board of Crime Control and the Child and Youth Development Bureau of S.R.S. using a results management approach. Again, this attempt has been limited since it has only dealt with part of the system. However, I believe this approach to system management along with legislative backing could be the answer to system/management deficiencies.

Thank you for your considerations.

Sincerely,


Thomas L. Oos
Youth Development Worker

TLO:mh

Legislative Council
State Capitol
Helena Montana

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SEP 22 1977

Comment as requested to the Human Services Committee:-

MONTANA LEGISLATIVE
COUNCIL

To begin with, the state officials, management, and administrators should adopt an attitude of constructive information and assistance

Am 80 years of age and have always been reasonably active in the various community affairs.

My recent 5 years experience has been with the Senior Citizens;- in the formation and continuance of the Red Lodge Senior Citizens Club and as managing representative of the club for the Senior Citizen Meals Program, Dec. 1, 1975 to June 1, 1977.

During that time I do not remember of any written information or guidelines being received concerning the intent of the assistance, limits or rules for use of funds, -whether orals, home service or transportation.

1976
Receipt of funds spasmodic, - July, August & September/funds for Red Lodge Meals program received November 15, 1976. When I "took a vacation" after 18 months continuous managing the meals program this June 1st, -funds for last part of March & all April & May were due.

In my opinion, this is the result of indifference, or of difference among the State Bureaucrats. Our county commissioner tried to find out where the trouble was, and all he got was "The Run-a-Round" from one office in Helena to another. We did get some results thru Rep. Marleneo this June to get April & May delayed funds. (THIS SHOULD NOT BE).

Agree that Carbon County has problems with the 5 participating communities in the county. each with different interests, projects, and all from one common fund. The Carbon County Council on Aging had been planning to provide some regular transportation for seniors, considering needs, routes, schedules and costs.

The H.R.S. is another fund and has some money available and they want to spend it, so they try bus service. In other words, the right hand does not know what the left hand is doing.

Further comment, - Put some business methods in the administration of these various funds. May their attitude be that of "constructive assistance" to the uninformed local workers, (and unpaid), rather than the "punitive obstruction" we have experienced.

J. L. Fox
J. L. Fox
Box 536
Red Lodge Mont. 59068



OFFICE OF PUBLIC INSTRUCTION

STATE CAPITOL
HELENA, MONTANA 59601
(406) 449-3095

Georgia Rice
Superintendent

September 19, 1977

The Honorable Joe Brand, Chairman
Interim Committee on Human Services
c/o Richard Hargesheimer
Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Brand:

Thank you for sending me information about the interim committee study on delivery of human services.

As Community Education Consultant for the Office of Public Instruction, I, also, am interested in facilitating the most efficient delivery of human services. One of the most important dimensions of community education is that education leaders can and must find ways to make it easy for community members to solve their own social problems, identify and fulfill their educational and recreational needs, and generally, by their own efforts, improve the quality of their lives. The various state agencies can certainly be a valuable resource to people if we can offer sensible coordinated services. Beyond this, there would seem to be some benefit in a good communication network. An example would be some sort of publication, widely distributed by a variety of agencies, including eligibility requirements; state, regional or local contact people; planned activities; etc.

I would be interested to know how the term "human services" has been defined by the legislature. What providers are included in the study? Is this more or less limited to services to low income and disadvantaged, or does it include services to the general public as well? In a sense, our agency provides a type of human service, but perhaps there is a more specific meaning that is generally understood.

We appreciate the worthwhile task your committee has undertaken. If I can ever be of any help, let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathleen Mollohan".

Kathleen Mollohan
Community Education Consultant
Division of Planning, Development &
Evaluation for School/Community

KM/lm

RECEIVED

SEP 22 1977

MONTANA LEGISLATIVE
COUNCIL

509 So. Went. St

Butte, Mont.

Sept. 20, 1977

Legislative Council
State Capital
Helena, Mont.

Dear Sirs:

I am writing in reply to your
article in the Mont. Standard, Sept. 19th re-
questing ideas for drafting legislation.

I am a handicapped person having lost
my hearing during an illness in my youth.
My husband is deaf and mute - a victim
of rubella, and recently became almost
totally blind from glaucoma. We are

now ~~62~~ 62 and 66. Since the eyes the
deaf have struggled to better their
They have come up with some amazing
things such as the TTY phone and
the MCC phone plus other things. The
trouble is, these things are priced way
above most deaf people's ability to
buy them. Then when they do get them
they must pay regular phone rates plus
long distance rates. The phones themselves
are between \$300 - \$600 in price. No
hearing person ever dreamed of paying
out such money for a phone. Then those
who do get them are limited to calling
only others who have them. Most
of these are out of town and not the

once we really want to call. So most calls are long distance. Therefore, we deaf feel these phones should be produced in such quantity as to make them readily available to all deaf people and their families and no long distance charges otherwise. The blind are far ahead of the deaf in view of all the consideration given them. The deaf try to maintain some independence but have to forgo the necessities of life since they are priced way above their heads. This goes for the new gadget coming up to enable the deaf to get the T.V. in caption. Too slow coming to us who need them - then too costly. I am not sure who we should approach on this matter. I know the deaf plan to make an effort to get this up before the proper authorities & I would appreciate any effort to get something done about this and soon. I know Rehab. and welfare workers connected with the deaf can have these things free. Why can't the people they were made for get a square deal?

Sincerely

Mae & Ed Baker

-109-
RECEIVED

SEP 26 1977

Harrison, Montana
 September 22, 1977

MONTANA LEGISLATIVE
 COUNCIL

Legislative Council
 Attn. Interim Human Services Committee
 State Capitol Bldg.
 Helena, Montana 59601

Dear Sirs;

From a clipping in the "Montana Standard", we have learned that the Legislature's Interim Human Services Committee, wants ideas from the public to help draft legislation.

Actually, this letter will not convey much in the line of ideas, and will not help much as far as drafting legislation, so much as it will help give you some kind of idea of our special problem, what has been done, and has not been done, by the Montana Dept. of Social and Rehabilitative Services.

This is a difficult letter to write, as there is so much we would like to say, and I fear there will be things said that have no bearing on our work, and also, so much left unsaid, that perhaps you will not get as clear a picture as we would like you to get. I realize that letters of this sort should be brief and to the point, but believe us, it is nearly impossible to put down in words, what we would like to convey to you, without going into some detail, so, if this letter appears to be very long, and descriptive, please forgive us, and try to understand it as so far, we have found relatively no one who does understand us or our specific problem, so please bear with us, thank you kindly.

To try to put things in their prospective order, let us start by telling you that our Son, Dennis H. Drogitis, was involved in a terrible automobile accident, in December of 1969, while he was a Senior in Harrison High School, his age was 18 at the time. He was very active in School functions, Editor of the School paper, in the top third of his class, scholastically, an above average student.

His injuries in this auto accident included many broken bones, his leg, arm, shoulder blades, hands, but these were minor, compared to his head injury, he was unconscious and semi-unconscious, for nearly a month, in Bozeman Deaconess Hospital, had many, many X-rays, they had to perform a tracheotomy, open his wind pipe, give several blood transfusions, untold amounts of different kinds of drugs, what I am trying to convey to you, is that he was in very bad shape, and was lucky to live through the ordeal. His bones mended, his scars healed-he later had plastic surgery on his nose and face, but his brain damage left him somewhat handicapped, in the form of "Aphasia", it would be helpful at this point, if your committee would familiarize themselves with the meaning of this word, Aphasia, talk to a Doctor, or Speech Therapist, the dictionary defines Aphasia as "A total or partial loss of the power to use or understand words", it is somewhat similar to an older person, or I should say, any person, who has had a stroke, and left with some sort of speech impairment, that may not be a good comparison, but it is somewhat similar, the word "Recall" has very much to do with the treatment, and to some extent, the recovery of such an affliction, in other words, the knowledge, or words, is still in the brain, but it takes some sort of recall, something to trigger it, to come up with the word. I realize that this is perhaps not a very clear

definition of what I am trying to say, but it is about the best I can come up with, as stated, if you are indeed interested, it may behoove you to contact a specialist in this disorder, I might suggest you write or call Mrs. Valerie Olson 819 So. Grand, Bozeman, Mont. 59715 Phone No. 586-9201, She is a Speech Therapist, and worked with Dennis while he was still in the Hospital, and also when he had been released and was at home, still in a body cast. I'm sure Mrs. Olson could explain to you much better than we can, and she is also familiar with this particular case, she is a very nice and understanding woman.

I will not waste your time in going into this injury and trying to explain it any further, only to the extent that you understand the problem, which is basically a memory problem, which has kept our Son Dennis from getting any kind of work, or job, outside of some menial tasks.

Now, to try our best to fill you in on what has transpired since the accident, to the best of our memory, as far as services rendered by the Rehabilitative Services.

To start with, as mentioned earlier, while Dennis was still in the Hospital it was arranged for Mrs. Valerie Olson to come in and start Speech Therapy, and also, for a period of time after he was dismissed from the Hospital, and was back home. Later, after Dennis had mended, and his cast removed, and after we had made many trips to the Bozeman Hospital for Physical Therapy, I don't recall the dates, but at any rate, after he had healed up, to the satisfaction of his Doctors, he enrolled and attended the M.S.U. Horse-Shoeing School, in Bozeman, again under the Rehabilitative Services, it was our, his parents, belief, that his completion of this course would not result in his being able to take up horse-shoeing as a profession, and as it turned out, it was mostly just the therapy, getting used again to being with other men, talking, listening, communicating, etc. It was very successful, to that extent, but it was evident to us, that he would never be able to do it as a career, mostly because, and I now see that I have forgotten to mention this earlier in the letter, as a result of his head injury, mainly to the left side of his head, he was left with a "Motor" deficiency, to his right leg, it has a lag, or a drag, however you would want to describe it, as an example, he is totally unable to wiggle his toes, on his right foot, at any rate, with his leg in this condition, any of you who have witnessed, or watched, or even tried to do it yourself, you can readily understand how this would affect a persons ability to shoe horses, it takes an agile and able man, to shoe a horse, so, outside of the actual therapy of attending this school, no other good was to come of it. I might add, that after completion of this school, he did in fact try to do it, for friends and neighbors, for pay, but just could not accomplish the task.

After the horse-shoeing school, that was the end of the Rehab involvement, until the Spring of 1976, when he again was taken under wing, and with the help of Rehab, attended the Vo-Tech school in Missoula, Mont. He lived with friends at the time of schooling, to help cut down the cost. Basically I understand, he mostly took courses in basic education, some math, oral communication, filing, mostly a clerk-type of schooling. He attended for about a year, until his Rehab Counsellor, Miss Dawn DeWolf, and I suppose the teachers or instructors at the Vo-Tech, decided that he had absorbed as much as he was able to- we were informed that there was no use in his continuing, as his capacity for learning, and for remembering what he had learned, had gone as far as was possible.

He left the school at that time, in January or February of 1977, and that has been the end of the involvement of Rehab, as far as any educational help is concerned, but, when he left the school in Missoula, we were led to believe that he would be helped, as far as trying to find a job was concerned, as we understood it all, Miss DeWolf, of the Missoula Rehab Services, was to continue to be his chief counsellor, but his files were to be transferred to a Mr. Dick Mackin, the Rehab man in Bozeman, Mont. as Bozeman was so much closer to home, and would be easier to keep in contact with. As stated, this was early last Spring, and that has been about the end of our contact with, or Rehab's contact, with us, they have done nothing that we are aware of, towards trying to help him get a job, and that is where our problem lies. Please understand that we, and Dennis, are very grateful for the help given us by the Rehab Services, the schools, the Speech Therapy, etc. But that has been the end of it, by that, I mean to say, they have been of no help whatever in helping us find work for Dennis, which we understand from the start, that they would do. This is the part that we are disappointed with.

Dennis has been in to see Mr. Dick Mackin literally dozens of times, he has pounded the streets of Bozeman, asking for jobs, from most all the bizzar stores, businesses, in Bozeman, he has filled out, with our help, college employment applications, has been up to the M.S.U. employment office so many times, that I am sure the girl at the desk must think he is enrolled there, filled out additional application blanks there, has met with and talked to several Professors, a Dr. Moss, Dr. Van Horn, and I don't know who else, trying to get a job with the M.S.U. Experiment Stations.

To go back several years again, during the summer between Dennis' 10th grade and Freshman year of School, he went to work with the M.S.U. experiment ranch at Red Bluff, just outside Norris, Mont, our home at the time. He helped in the hay fields, fencing, any chore that was asked of him, he did this for two summers, between school years, then, for the next two summers, worked for them as a Camp Tender, Helper, tending the two sheep-herding camps up in the mountains, at what is called, Cache Creek Camp, on the Taylor Fork of the Gallatin River, in the upper Gallatin Valley. He thoroughly enjoyed this work, and was deeply involved the last summer he did this, before he started his Senior Year of High School, in the hunting and finding of his good friend, the Head Camp Tender, Mr. Louie Gibson, who had died on his way in to the sheep camp, with a string of pack horses, from the Madison side of the range, over to the Gallatin side, Dennis spent many hours on horseback, in the rain, tracking down, and eventually finding Mr. Gibson. He took care of the pack animals, changed horses with the dead man, rode out in the black of night to the nearest ranch house, on the Madison side of the mountains, notified the Authorities, waited for the Sheriff and Search and Rescue Squad, which incidently, I was a member of, and led us back up the mountain to the place where this man, his close friend was laying dead, the man was removed, and Dennis went on the next morning, taking the pack horses over the divide to the sheep camp on the Gallatin side of the mountain range. I only tell you this, so that you can understand that at this age, he was 17 at the time, Dennis was very capable, could handle himself in any situation, and proved to all concerned, that he was quite a man, at 17. All this changed the following December, when he was involved in this automobile accident.

Now, to get back to where I left off, Dennis was hopeful of getting a job with the M.S.U. at the Dairy Barn, in Bozeman. He went to see everyone he could think of, or was directed to, filled out applications, and it even progressed to the point at one time, that a Mr. Clampt, somehow involved with the M.S.U., I don't know in what capacity, called me, and even went so far as to quote me the wages paid, the hours to be worked, and we even discussed the housing situation, needless to say, we were all excited with the prospect of Dennis getting this job at the Dairy Barn, but for some reason, which we certainly would be interested in knowing, nothing more came of it. We were later informed, from an outside source, that they had hired someone else, no reason was ever given to Dennis or to us. He kept going back, talking to the professors, those in charge of the M.S.U. Experiment Stations, but as of this date nothing has come of any of it. We do not know for sure, but have reason to believe, that yet another man was hired at the Dairy Barn, we do not know this for a certainty, but it is our understanding. We have never been given a reason for his not being hired, and we have no way of knowing, but we, his parents, are very upset over it all, it is our firm conviction, that Dennis has been discriminated against, for what reason we don't know, except for perhaps his memory handicap, but as stated, no one has ever told us why he was not accepted for a job. We would certainly be happy to know why, but it is very unlikely that we will be told, being as how we haven't up to this time.

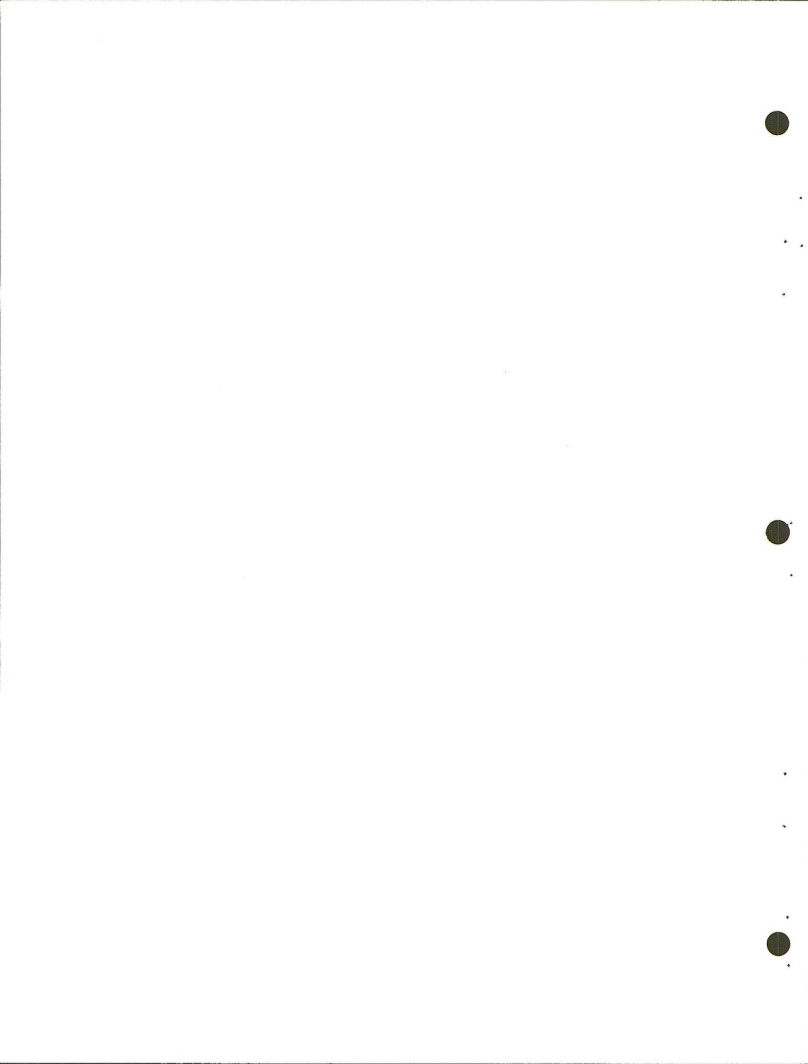
I do have to tell you this though, early this summer, I don't recall the exact date, he talked to one of the College Professors, and there was a job opening involving the planting of many varieties of different kinds of Barley grain, in many different small plots, the man he talked to, asked Dennis if he thought he could handle this, without some mixup in the planting, Dennis was honest with him, and told him that he doubted if he could do it without very close supervision, because the man told Dennis that if a mistake was made in planting the wrong type of barley in the wrong plot, that it would somehow nullify the whole season, and therefore ruin the college courses in school, for all the students who were taking this particular course in College. The man thanked him for being honest with him, and that ended that, whether or not this had anything to do with his not being accepted for a job in the Dairy Barn, we don't know. Dennis had told this man that he was more interested in work at the Dairy Barn, because at that job, it would be a repetitious type of work, doing the same thing day in and day out, which his counsellor, Miss DeWolf, told us he was better off doing, something that he could learn to do, and do the same thing over and over, he could easily handle something like this. I just felt, to be honest with you, that I should tell you about this job offer, because believe me, we are not trying to hold anything back, we are telling it as we know it to be, and trying to be honest about the whole thing, I am sure you will understand and appreciate this.

Now this is where we feel that Dennis has been let down by the Rehab, they have never once offered to go with him, up to the M.S.U. while he was trying his best to get a job there, if they couldn't have gone with him, they could have at least made a few phone calls, and tried to help him out in some way or another, but we know of no way they have tried to help him along these lines, if they have, we know nothing about it.

I called a Toll free number in Helena, to the Civil Service Headquarters, talked to a very nice lady there, explaining our problem, she mailed out some type of Civil Service Job Application Forms, we filled them out, sent them back, and in about two or three weeks, we received a phone call from a Lady in Billings, Mont. A Supervisor in the Mail Room of the Federal Building, as I understood it, She did in fact offer Dennis a job, as a mail clerk in Billings, the job was very desirable, something that Dennis would have liked, but, it was in Billings, and believe me, Dennis and we, his parents, had a few sleepless nights, deciding what to do, whether or not to accept this job, the job was fine, the pay was small, but fine too, everything about it was fine, but the only thing that Dennis could not accept, was the location, in Billings. I realize that you may not understand his hesitancy in accepting this job offer, but you have to understand that Dennis was born and raised in a small town, went to small schools, it is his way of life, the only life he knows and understands, he is a shy person, he knows and realizes he has a handicap, he is afraid of being ridiculed, he dislikes big cities, and is nervous in around lots of people. At any rate, he was a nervous wreck, and so were his Mother and I, and Dennis finally decided not to go to Billings, we talked to the Lady in Billings, and explained it to her, and thanked her very kindly, she said she fully understood the situation, and thanked us for being honest with her about it, we also wrote to Miss DeWolf in Missoula and explained it to her also, she also agreed that it was probably best that Dennis did not go to Billings, because during his schooling in Missoula, she had grown to know him and understand his dislike for big cities and crowds of people. Again, I only tell you this, to be honest with you, and so that you will have the complete story, whether or not you understand our position, I have no way of knowing, but you have to realize that some people are suited for work in the cities, and some are not, and Dennis definitely is not, Also, I might add, this job offer came, not through any efforts by the Rehab, but only because we had called the Civil Service People ourselves.

We feel that with all the State and Federal Agency's in Bozeman, such as the Fish and Game Dept. the State and Federal Forest Service, the M.S.U. Department, and whatever other State or Federal Agency's there may be, that there surely must be a place for a handicapped person, such as Dennis.

I don't expect you to fully understand our problem, very few people do, even some of the Doctors that Dennis has been to, do not fully understand. Let me give you an example, I once fixed up a piece of cardboard, and affixed to it, several small, everyday items, such as, a straight pin, a hair pin, a safety pin, a thumb tack, a paper clip, a staple, a needle, things like that, and then asked Dennis to identify them, to tell me what they were, you wouldn't believe it, is all I can say, these things that a 8 or 10 year old boy could easily name, Dennis has trouble with, Oh, he knows what they are, he can describe to you what they are used for, its just that he cant put a name to all of them, I did this one time, in front of his family Doctor, Dr. Edward King, at Manhattan, Mont. and I'm sure it even surprised him at the time, and he was with Dennis all through his Hospital stay. As I have said, Dennis had been to many Doctors, including Dr. Alexander Johnson in Great Falls, we wanted to know if there was any way, surgical or otherwise, that we could help Dennis, but have been told that there is no way, so we have accepted this.



As I said at the start of this letter, please forgive us for taking up so much of your time, and we hope you understand why what we had to say, could not be said in just a few lines, but as stated, we have found no one who understands the situation. Perhaps what we have told you, may somehow, someday, help some other handicapped person, and hopefully it may even help our Son Dennis. We want nothing more for him, than just a fair chance to live as normal a life as is possible, under the circumstances. we fully understand that it can not be like most other 25 year old young men, but we are hopeful that it can be better someday, than it is now. That is our hope and our prayer.


If for any reason, you would want to meet with us, regarding any further information, or help that we might give to you, please feel free to contact us, we are willing to do any and everything we possibly can to help our ~~son~~ son, or anyone else's son, or daughter, We know what it is like, few people do, it is impossible to know, unless you have been through it all.

Thank you very much for your interest.

Cy. Mr. Joe Brand
Chrm. of Committee
Deer Lodge, Mont.

Respectively;

Mr. & Mrs. Harry Drogitis


Box 151
Harrison, Mont. 59735
Tel. No. 685-3483

DISCUSSION PAPER
ON
CHILD AND YOUTH SERVICES
FOR
INTERIM COMMITTEE ON HUMAN SERVICES

Problem:

Montana has a number of programs providing services to children and youth. These programs are located throughout State and local governmental and private agencies.

Maternal and Child Health	Health and Environmental Sciences
Mental Health	Institutions
Drug and Alcohol Abuse	Institutions
Child Welfare (Protective Services)	Social and Rehabilitation Services
Day Care	Social and Rehabilitation Services
Foster Care	Social and Rehabilitation Services
Licensing and Standards	Social and Rehabilitation Services
Adoption	Social and Rehabilitation Services
Community Coordinated Child Care	Social and Rehabilitation Services
Runaway Youth Services	Through purchase of service with non-profit corporations
Big Brother/Sisters	
Group Home and Family Treatment Programs	
Juvenile Institutions and Aftercare	Institutions
Youth Employment	Department of Community Affairs
District Youth Guidance Homes	Institutions through purchase of service from local non-profit corporations
Attention Homes	Board of Crime Control and Institutions through purchase of service contracts and voucher system.
Probation	District Courts
Education	Office of Superintendent of Public Instruction and local School Districts
Women, Infants, Children	Health and Environmental Sciences

Staff Development/Training/
Support Services

All Agencies

Juvenile Justice Planning/
Evaluation and Program
Delivery

Montana Youth Justice Council
with staffing from Board of
Crime Control and SRS

Recreation

Local Government

Scouting, Camping, etc.

Service clubs and local
affiliated organizations

Organized Youth Activities

Churches

There are also some other private organizations including Lutheran Services, Catholic Charities, the Casey Family Program, Yellowstone Boys Ranch, Denny Driscoll Boy's Home, Sun Valley Ranch and others that are providing services for children and youth.

Some of the above services are closely related and, perhaps, duplicative -- most are not. Those services that are designed to protect children and youth from abuse, neglect and exploitation are quite different from those services provided to delinquents or potential delinquents. Services directed at individual children or youth are different from services that are directed at the system that serves these children and youth. Services to assist families to maintain the youth at home differ from services that enable a youth to become self-sufficient. Services provided by government are different from services that are provided by the private sector. Some services are provided direct by government through State employees, and some are purchased through contractual agreements. The problem, then, is that we have a proliferation of services scattered throughout State and local public and private agencies. Each is competing for the same dollar. Each is called upon by legislative committees to present his or her own program. Each is responsible only for his or her own program.

If we lose a child, who is responsible? Is each agency really only responsible for the loss of part of the child? Did one program do a good job and another fail? Who is made to feel the collective loss?

Discussion:

We have identified in the Problem Statement above that child and youth-serving agencies cannot collectively respond to demands of the public for accountability. We have a lot of "factories" producing head lamps, fenders, engines and bumpers, but who is putting the car together? How do we combine the outputs of these "factories" into a saleable product?

One approach is to place all child and youth services in one agency. This agency would then have direct line authority over all of the service units. This would solve the problem of, "Who is responsible?" We can point to the director of the agency that is responsible for all children and youth services. That person would be responsible for the final product. But what about local government and the private sector? What about consumer involvement in the decisions that are made? The bigger the agency the more layered the bureaucracy.

Another answer might be a concept of program management. Program management is a way of organizing, planning, managing and evaluating governmental services that do not fit comfortably into traditional organizational structures. It is built around the products or results of government services delivered by several agencies. It does not have line authority over the agencies that produce the end products, but it does accept responsibility and is held accountable for those end products. In lieu of line authority program management uses

leadership, persuasion and influence. Through needs assessments, planning, program delivery, information services, evaluation and prodding the program management unit improves the delivery of services. This unit accepts responsibility for program objectives and is, therefore, the vehicle for achieving public accountability. The program management unit does not provide direct services. It is concerned solely with leadership and coordinative program duties that are accomplished, primarily, through planning, evaluation and informational services. Other units of state, local, public and private agencies produce their respective segments of the program effort. In the example above these service providers (factories) produce the component parts (fenders, bumpers, head lamps, engines) while the produce management unit is responsible for the result (car).

Managing is the process of accomplishing things through other people. This is the challenge for a program management unit. Not only must the program management unit be motivated, but the units program goals must be accomplished through influencing service providers to perform tasks that will collectively yield an end product. Program management requires different skills than those required to manage a typical government agency. The notion of responsibility without authority violates traditional management theory. Government units which do not provide direct services to the public are difficult to accept. The advantages of program management lie in its potential effectiveness for the coordinated delivery of services through separate agencies. Program management provides a focal point for the program's accountability to its public.

Location:

The program management unit should not have line authority over service providers. The unit should not be supervised by service providers. It should be located independent of service providers - perhaps in "intergovernmental affairs" (DCA) or the Governor's Office. When the program management unit encounters a problem that it cannot resolve through leadership or influence techniques, it may call this problem to the attention of the appropriate level of government with recommendations for solution. This is possible and permissible if the program management unit is to be responsible for working at all levels of government to achieve program objectives.

Recommendation:

The Legislative Interim Committee on Human Services and the Governor's Office should recommend to the FY79 Legislature that a program management unit for child and youth services be established. During this interim period, decisions must be made regarding whether or not such a unit can be established within current budget and FTE's. Also, whether all of child and youth services is too big a bite to digest all at once.

This program management unit should include:

- a. Program Delivery - Responsibility for field coordination and liaison with all federal, state, county and local governmental and private agencies that provide child and youth services. Collects input from service providers for planning. Assists in the verification of service provider performance and resource data. Disseminates information developed through needs assessment, planning and evaluation.

- b. Consumer Relations - Handles citizen inquiry. Refers inquiry to providers when appropriate. Receives and validates consumer complaints. Disseminates available service and product information for the public.
- c. Program Planning - Develops program strategy after analyzing consumer information, service provider information, statistical data and available research.
- d. Evaluation - Develops management information that is pertinent to the child and youth services program. The information identifies impact, performance and administrative progress of the program. Staff is composed of persons who possess skills in statistical analysis, management systems, computer system analysis and financial management.

Evaluation is critical to the effectiveness of the program management unit. Evaluation assumes that priorities dictate programs. Therefore, program and structure must respond as new priorities are identified from newly-evaluated data. Evaluation provides information necessary for management to decide where changes should be made and what form they should take.

- e. Administrative Support - Technical writing, public information, secretarial services and financial control.

Recently, the President of the United States reorganized his Office of Human Development. A new Administration for Children, Youth and Families has been established with responsibility for Headstart, Children's Bureau and Youth Development Bureau activities. It is recommended that a similar reorganization be done in Montana with some major differences. These major differences center around statutory authority and functions.

Specific Recommendations for Discussion:

It is recommended that an Office of Children and Youth be established within the Governor's Office of Budget and Program Planning. It is further recommended that the office be established by statute and mandated to be responsible for child and youth service system management. Functions of the unit could include those functions outlined above under a through e. The unit would, at least, insure that someone in state government is responsible and accountable for child and youth services that are provided by state government.

The unit would submit a "biennial plan and report" to the executive and legislative branches. This plan and report would be based upon acceptable management principles (i.e. Management by Objective, Zero Based Budgeting) that are agreed upon by the legislative interim committee and OBPP. The plan and report would contain state government management plan for such services with goals, objectives and measurements by program area. Reports would be submitted on a quarterly, or otherwise determined, basis to the interim committee and OBPP. The reports could identify performance, impact and administrative progress of the overall program.

The unit would also be responsible for identifying the impact of the state government's efforts on the programs of local governments and other public and private agencies.

Consumer input, another vital function, can be obtained through existing mechanism such as advisory councils (i.e. Youth Justice Council, Child Abuse and Neglect Advisory Council, MSLIO, MUIA), the Office of Citizen's Advocates, attitudinal surveys, etc.

Finally, such a program management unit would provide the vehicle for public accountability for child and youth services. Although the unit does not have direct line authority, and it does not directly provide client services, it is responsible and it can accomplish the desired results.

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:

1. Lack of knowledge of Services available.
2. Lack of knowledge of where to apply for service.
3. Difficulty in filling out the necessary forms for service.
4. Differing criteria necessary to receive services.
5. Duplication of services.
6. Difficulty in understanding rules and regulations.

2. Examples of areas in which the delivery of human services is deficient:

1. Child services-
 - a. duplication
 - b. too many providing related services
 - c. organizations that do not provide direct service to children
2. Day Care -

3. Suggestions for improving the system:

Reorganize the system in order to:

1. Eliminate duplication.
2. Make ALL service providers accountable to a single specific unit.
3. Use the funds available to provide better not more services.

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:

Eastern Montana.

Distance - few people.

School systems are charged with meeting the needs of handicapped children. Not doing there job. Cost of special facilities. Lack of interest by the regular teachers.

2. Examples of areas in which the delivery of human services is deficient:

Need persons qualified in the area of evaluation of physical handicaps, sight, hearing, and learning disabilities. Also the talented & gifted children should be reached. ^{in other words} stress early diagnosis of problems and appropriate intervention.

3. Suggestions for improving the system:

City boards should handle regional budgets and much of the day to day decision making in the regions throughout the state.

take a hard look at Dept. management - Could it be streamlined somewhat. Reduce administration if possible.

There is what is known as the 'Big Sandy Activities' incorporated in the town of Big Sandy. It is a community developmentally disabled school (?). To operate this 'school' there are from 4-5 FTEs. In this particular school there are from 12 to 14 developmentally disabled persons. They are picked up by a van with a motorized 'lift' and transported to the Activities Center. They are at the center until noon when they are again transported back to the 'Rest Home' for their noon meal. Then again at 4:00 PM they are brought back to the Rest Home for their evening meal and to spend the night.

My primary concern is that these 12-15 patients are being supported ~~ix~~ at three different institutions: either Calen, Warm Springs, or Boulder and the ~~Sandy~~ Rest Home and ~~the~~ Big Sandy Activities. Now, I feel that there may be need for the community care ~~of~~ these mentally retarded people but that there most certainly does not need to be three institutions caring for them at great expense to the taxpayer.

The cost of this 'Big Sandy Activities' ~~ix~~ is out of necessity very high. Two trained people besides the administrator ~~xx~~, driver and clerk. I certainly feel that the cost of these community centers should be carefully scrutinized and ~~gfk~~ IF ~~the~~ Centers are to care for the DD's then they should do so, rather than have the 3 institutions proclaiming payment for their care. I feel this area should and must be carefully ~~and~~ ^{thoroughly} ~~examined~~. I know that there is much aid from the federal government for these projects but this doesn't mean that they are 'free'.

Many of these 'programs' are 'rip-offs' in the ~~name~~ ^{name} of "caring for those more unfortunate than we".

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:
 - a. Employment counseling that does not stay with a person until he finds something he can either train for or qualify for.
 - b. Human rights complaints that don't get attention for months or years because of the backlog of cases.
 - c. Serious needs of transients who don't fit in any welfare category for immediate temporary aid.
 - d. Follow-up of services to people returned to the community from institutions such as Warm Springs and the state prison.
 - e. We need multiple services to our young as soon as they first show signs of anti-social behavior, rather than waiting until they become criminals and then throwing them in the cooler.
2. Examples of areas in which the delivery of human services is deficient:

Welfare must be thought of as having been earned (by worthwhile acts and people)

Drug treatment

Early job training

More and better day care

More and better-pay foster care, with training

More use of volunteers (trained) trained

Counseling services in jails and prisons (done by volunteers)

Police must be trained in human behavior and effective means of changing same.

Recreation, financial, and other counseling should be available to old people.

Ghetto youths should be trained and paid to help each other find meaning in life.

Medical services should be within the range of low-middle income people who are not poor enough to qualify for Medicaid but can't pay doctor bills.

There should be a comprehensive communication center where all such problems can be handled in concert with the help of many community resources. It SHOULD NOT BE LEFT UP TO THE INDIVIDUAL TO FIGURE OUT WHICH OF THE MANY AGENCIES THEY SHOULD GO TO. SOMEONE SHOULD HELP THE SERVICES COME TO THEM.
3. Suggestions for improving the system:

Hire good administrators and insist they all work as a communicating team.

Hire a P.R. person who can explain needs to the legislators.

Use recipients of services on boards and committees so they can help us know what really works and what is needed.

Take politics out of leadership as much as possible. Hire good administrators and then let them work together with their colleagues within very broad general guidelines. If we don't trust them, why hire them?

(Please feel free to attach additional sheets as necessary.)

Dear Joe:

I made inquiries in White Sulphur Springs. I think the Human Services people have done some good but here following are some of the responses I received from Town people, Senior Citizens and the welfare dep't.

"It (the program) might be OK but the government is out of control giving our tax dollars away."

"How many welfare Departments do we need to have?" Why can't all this "give away" be funnelled through one office so someone has a handle on it."

"Think Human Resources programs and welfare programs should be handled by local government. It would be more efficient & less costly!"

"Human Resource people try to be helpful but a lot of people they try to help really don't need help, can well afford to take care of themselves."

"For every dollar they give away it costs the government over \$3.00"

"High paying staff jobs funnel off most of the money — who needs them?"

"Human Resource people are nice people but I wonder if we really need all this government giveaway"

"Yes I have been helped by them and appreciate it."

80% of the people I spoke to (about 20) are distressed by the Federal Government's attempts to be all things to all people and deplore the fraud accompanying all the well meaning programs.

Yours Truly,
Rep. Bert Harris
Dist. 45

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:
 - A. Jealousy that out-of-staters take advantage of the system.
 - B. SRS pay the meals-on-wheels bills the 30th of the month rather than the 20th.
 - C. No Special Education services for the DD between the ages of 12 and 16.
 - D. Curb cuts for wheel chair people and better wheel chairs.
 - E. State Social Services are limited to 5 days per week, 40 hours per week. Churches and other groups bear the greatest burden without adequate credit or recognition.
 - F. Low-income housing is desperately needed for the ADC's: up to 100 units.

2. Examples of areas in which the delivery of human services is deficient:

See the above comments.

3. Suggestions for improving the system:
 - A.
 - B.
 - C. Finance and let the DD's come to Chance, Inc.

AUG 1977

ASSOCIATION
COUNCIL

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:

TOO MUCH INTERFERENCE BY COMMITTEES SUCH AS " BOARD OF VISITORS " WHO JUST TAKE A " RUN THROUGH " ONE OF THE INSTITUTIONS AND WITH THE OBERVANCE OF PART OF A DAY, TELL THE PRESS AND OTHERS ALL ABOUT THE PROBLEMS. SO FAR, THEY HAVEN'T BOTHERED ABOUT SUGGESTING CORRECTIONS. AN EXAMPLE IS THE RECENT VISIT TO " GALEN " AND THE DEROGATORY REPORT THAT FOLLOWED CAUSING DIS SATISFACTION, UNREST AND CONCERN AMONGST ALL OF THE LOAYL EMPLOYEES WE HAVE THERE. THEY ARE DOING AN EXCELLENT JOB.

ALSO, ALL KINDS OF PRESSURES FROM VARIOUS LEGISLATORS FOR WHAT I FEEL ARE PURELY PERSONAL REASONS.

2. Examples of areas in which the delivery of human services is deficient:

I DON'T SEE MCU SO CALLED " DEFFICIENCY. I SEE A LOT OF DUPLICATION ESPECIALLY IN WELFARE OPERATIONS AND IN PATIENT PLACEMENT.

I SEE LACK OF COMMUNICATION AMONGST HIGHER OFFICES OF THE HUMAN SERVICES.

I SEE EMPIRE BUILDING IN SOME OF THE OFFICES. I SEE LACK OF CARRY THROUGH IN THE DEINSTITUTIONALIZATION PROGRAM. KKKKKX PEOPLE HAVE BEEN SENT TO THE COMMUNITY AND THEN WRM SPRINGS OR SRS KEEP THE MONEY AND EXPECT THE LOCAL MENTAL HEALTH CENTERS OT USE UP THEIR PRECIOUS LOCAL BUDGET

3. Suggestions for improving the system:

USE OF AN INTERIM SUBCOMMITTEE TO BE AVAILABLE FOR ADVICE AND ASSISTANCE WHEN NEEDED. THEY CAN HELP WITH THE INTERPRETATION OF ALL THE NEW LAWS WE PASS.

WE SHOULD PASS LESS LAWS AND REGULATIONS AND THUS ALLOW THE INSTITUTIONS TO FUNCTION IN AN ATMOSPHERE WHERE ALL THE EFFORTS OF THE EMPLOYEES COULD BE DIRECTED TO THE PATIENT RATHER THAN TO ANSWERING TO SOME DUMB COMMITTEE OR MAKING OUT VOLUMINOUS REPORTS.

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:

2. Examples of areas in which the delivery of human services is deficient:

We have an Old Folks home and the money is very slow coming from the state. The up date on Classification that changes from time to time causing a lag in the payments as much as three months. So the home is late in paying bills and lose the discounts and also

3. Suggestions for improving the system:

causes penalties for with hold tax and social security. The State say they only have two auditors so can't get the job done on time

Senator Carroll Graham



The Big Sky Country

MONTANA STATE HOUSE OF REPRESENTATIVES

REP. JOHN B. STAIGMILLER
DISTRICT NO. 33
P. O. BOX 422
CASCADE, MONTANA 59421

Aug. 30, 1977

COMMITTEES:
FISH AND GAME, CHAIRMAN
AGRICULTURE, LIVESTOCK AND IRRIGATION

Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Hargesheimer:

The following comments are in response to a recent letter from Joe Brand, Chairman of the Interior Committee on Human Services.

My district or constituents, being mostly rural, have very little interest in Human Rights Services as provided by the government.

One gentleman did complain and blame the legislature for a \$25.00 fine for having too small a life jacket in his boat. I asked him twice if this was his first citation. He refused to answer both times.

In my own opinion, administration seems to be lacking or inefficient mostly because those appointed or hired know little or nothing of the subject. They are often chosen because they are a friend or relative of the person doing the hiring or appointing.

Qualifications and experience should be a requirement for administrators. Examinations should be required, then a strict screening of applicants.

Many of my constituents think the human services are a rip-off.

Sorry I couldn't be of more help.

Sincerely,

John B. Staigmillier

Rep. John B. Staigmillier

SEP 1 1977

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

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AUG 2 1977

ONTARIO LEGISLATIVE
COUNCIL

1. Examples of personal or constituent problems in the human services delivery system:

During hours in discussion, I saw the unemployed who help maintain food banks. Suggestions: A state sponsored program to get facts on the best place properly appointed outside the community to be the state human self-supporting can program. I agree what services can be given & still make a profit.

2. Examples of areas in which the delivery of human services is deficient:

It has been a lot to do in many many times since I returned from Britain. I was shocked at the cost per person. The costs that I saw, the help in the cheapest the management (British) the cost of the help must be known in the management of many important to be done as well as many other things. I am sure the institutions of personal are

Education conditions as a report of the same machine work every week.

3. Suggestions for improving the system:

I feel what is the state to go to the land in human services and to make it more in order. I think private industry must make a profit & be entitled to it, but also a state, a study by an agency of the state to see the service provided can be improved at an additional cost to the state. I think the state should make a study, aimed at improving the lot of the unemployed, making them

(Please feel free to attach additional sheets as necessary.)

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:

Department Heads are separate and scattered. It's hard to check on them. 1- Do they function properly?

2- Who are they accountable to? I think all human services should be administered thru the local Hospital which is accredited thru Montana's Certificate of Need and is examined by the Joint Commission on accreditation of Hospitals.

2. Examples of areas in which the delivery of human services is deficient:

areas that have no doctors. They should be checked to see if they could support a doctor or possibly consider a nurse practitioner. Also qualified ambulance service should be checked.

3. Suggestions for improving the system:

I think our big downfall is lack of communication. I think by consolidation of all Human Services we could look at 1- over bedded communities and possibly converting some to Rehabilitation, drug abuse, alcoholics etc.

I think Legislators should be aware about the Montana's Certificate of Need for

(Please feel free to attach additional sheets as necessary.) (over)

Hospitals & Nursing homes and consider
using these established tools in setting
up a centrally controlled system.

I believe more input should be
asked for from:

1. Ralph Gildroy, Executive Director.
Health Systems Agency Inc.
324 Fuller Ave.
Helena, Mont. 59601
2. George Fenner, Administrator
Division of Hospital & Medical Facilities
Department of Health & Environmental
Helena Mont 59601 Science
3. Bill Leary, Executive Director
Mont. Hospital Association
PO Box 543
Helena, Mont. 59601.

Jack Kordach Sr



The Big Sky Country

MONTANA STATE HOUSE OF REPRESENTATIVES

REP. HARRISON G. FAGG
ASSISTANT MINORITY LEADER
1414 MYSTIC DRIVE
BILLINGS, MONTANA 59101

COMMITTEES:
TAXATION
RULES
BUSINESS AND INDUSTRY

Mr. Richard Hargesheimer, Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

August, 23, 1977

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AUG 24 1977

MONTANA LEGISLATIVE
COUNCIL

Dear Dick:

In my opinion, the primary problem with the Human Services section of government, is lack of competent leadership. I have had a number of dealings with the heads and the subordinates of a number of divisions, and find them to be void of creative ability, leadership, and in general, incompetent to carry their responsibilities which they must.

I would suggest the following be included in any model legislature being prepared.

1. That all departments within the human services framework be evaluated by a management group. That within this study, duplications, overlaps, etc. be made and an organizational structure prepared which is functional.
2. That this same firm, or firms study the capabilities of all personnel in a leadership position within the division. Specific areas studied should be intelligence, leadership potential, ability of decision making and ability to cope with personnel and job problems, of each staff member.

Finally, after a criteria for a job heading has been determined, an evaluation of the personnel heading these categories made, the two should be prepared to see where the problem areas exist and necessary steps taken to fire the incompetent staff.

Once again, I have dealt with the heads of a number of departments in social and rehabilitation service and other human services divisions, and I find their leadership totally incompetent. I am also convinced that with this type of incompetency prevailing within a department it attracts its like. When such gatherings occur, you normally find, as in my opinion currently existing five people doing what one could easily do if they were properly placed and qualified.

I am confident that the current administration has made huge strides forward in the field of human care. However, I think that it is an area which is over budgeted and over staffed and that the same degree of care could be provided if personnel were cut back and competent leadership recruited.

Sincerely,

Harrison G. Fagg

cc:
Joe Brand

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AUG 28 1977

HOUSE OF LEGISLATIVE
COUNCIL

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personnel or constituent problems in the human services delivery system:

Have heard from various people in
H.F. that Dept. of Mental Health
has tendency to "pass the buck" and
neglects people who should be helped.

2. Examples of areas in which the delivery of human services
is deficient:

Understand there is a gross duplication
of services and left hand does not
know what right hand is doing.

3. Suggestions for improving the system:

Should be top management to see that
all services are coordinated and that
duplication and neglect are eliminated.

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:

There is very little communication between human services providers in the area of common clients. I am sure this is due to the "Rule of Confidentiality". Because of this there are numerous times when the services being provided by one agency conflict with the aims of the services being provided by another agency and the knowledge of this comes too late - after the damage is done.

2. Examples of areas in which the delivery of human services is deficient:

Since the advent of SSI, the service rolls (to the adults) has declined. I'm sure the need is still present, however, since the welfare offices no longer have the personal contact we used to have, we are not as readily aware of the need. Perhaps some individuals really needing services are going without because the knowledge of the presence of these services is not there.

3. Suggestions for improving the system: *Possibly, ~~the~~ on a state*

wide basis, some outreach - awareness program could be instituted to bring the knowledge of available services to the public with the knowledge that SSI recipients are "automatically" eligible.

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:

Problem with Social Security & supplemental income checks arriving late

Too much money going into administration, not into services.

Problems with determining levels of care in nursing homes.

Too much fragmentation thru all parts of Soc. Servs. econ. asst. med. care.

Takes too long (up to 6 mos.) to prove eligibility of certain patients for Medicaid.
Indians in Area 7 have no director of medical servs. (under SES)

2. Examples of areas in which the delivery of human services is deficient:

Too few social workers - need more.

Mobility & transportation are big problems. poor & elderly can't get to services.

Need more info in information & referral. not enough people know what services are available.

Takes too long for audits.

Lack of advocacy for new/good programs

Lack of communication between agencies.

3. Suggestions for improving the system:

Need for alternatives to nursing homes. Care of people in own homes.

Need for more use of volunteers.

Need for catastrophic health insurance (with large deductible \$500 or more.)

eliminate school taxes for individuals over 55. (1965)

State should give direct support to community centers. (Senior citizens)

Board hearing aid salesmen

cut red tape - simplify procedures, forms, etc.

Good generic drug substitution program.

MBO - management by objective. should be instituted

(Please feel free to attach additional sheets as necessary.)

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:

2. Examples of areas in which the delivery of human services is deficient:

We know of 2 cases where people have disposed of their property and then gone on welfare; somehow this has to be stopped.

3. Suggestions for improving the system:

A think too many people are making a living by educating themselves as to the benefits available and then set up to meet the requirements. To me this is the biggest problem with the delivery system. A lot of people get along well without

(Please feel free to attach additional sheets as necessary.)

(over)

At untid someone tells them they
are not getting what someone tells
them they are intitled to.

In other words our welfare system
is being over sold



H. C. E. E.

SURVEY BY
1977-79 INTERIM COMMITTEE
ON HUMAN SERVICES

1. Examples of personal or constituent problems in the human services delivery system:

The major glaring problems in the human services delivery system are the obvious abundance of agencies involved in providing these services. There is a great preponderance of overlapping, namely SRS - DD and other similar agencies.

There is a tendency among all these agencies to build mini-bureaus or empires. They particularly are jealous of their agency. There is a flagrant lack of cooperation among these agencies including the Mental Health Centers, Warm Springs State Hospital and the Department of Institutions. There is also a lack of cooperation between this group and among the Mental Health Centers.

2. Examples of areas in which the delivery of human services is deficient:

The delineation of lack of efficiency among the human services group is difficult to pinpoint.

I am firmly convinced that the Department of Institutions is the major agency to serve as a vehicle for the administration of the Penal and other corrective institutions, the Adaptive Services Division, including drugs and alcohol; the five Mental Health Centers, and probably the D. D. division of S.R.S. The legislature then should provide adequate funding and staff to perform these functions with the optimum effectiveness and efficiency.

3. Suggestions for improving the system:

The improvement of the entire system is in the good prudent hands of the legislature. The degree of services rendered are related directly to the efficiency of the various agencies, their adequate funding component as prescribed by the legislature and the legislature must predetermine the quantity and quality of services for which it is willing to pay.

Local control or State control and funding is mandatory it appears. Strong Governing Boards with full authority are vitally essential.

Optimum funding should be vested in the State of Montana, say at least 90%, and the various Counties absorbing the remaining 10%.

Survey done with some minor changes per above

William A. Lewis, Jr.



September 26, 1977

Mr. Dick Hargesheimer
Montana Legislative Council
State Capitol
Helena, MT 59601

Dear Dick,

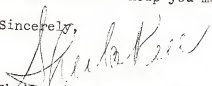
I am writing in response to a letter which I received from Charlie McCarthy of the Child and Youth Development Bureau relative to the Interim Committee on Human Services. I realize my response is late (that's probably an understatement) but hope it will be of some help to you and the committee.

As a Four C-s Director, the greatest deficiency I see the Child and Youth Services "system" is an overall lack of planning. This is not anyone's fault, but the planning mechanism is simply not built into the system anywhere. The 4-C's projects do whatever planning that is done, and are very successful at it, but they are limited in terms of staff, money, "clout", and formal recognition. The 4-C strength (this also holds for Youth Development Workers) lies in the fact of their community-based concept. It is virtually impossible to plan programs, or program changes, within a state office since local needs, difficult to perceive on that level, are doubly difficult to get a handle on at the state level. Additionally, even if community needs are known, a program planner must also be able to determine the most acceptable response to those needs, which dictates community-based knowledge. I propose then, a planning unit which is community based, has adequate staff and resources, and is recognized by child and youth services, the community and the local government units as having planning functions.

I am enclosing a copy of a Day Care Home Model System which FOCUS on Children sponsored under a contract with the Social Service Bureau. I have strong personal feelings about the merit of the "system" concept as applied to family day care. The grant proposal details the problems in day care as it presently exists and the advantages of the day care system.

I'd like to thank you for soliciting specific suggestions for the Committee from the "field folk" and wish you success in a monumental task. Please feel free to call on me for whatever help you may perceive me as capable of rendering.

Sincerely,


Sheila Rice, Director
FOCUS on Children

SR/ rsp

enc.

RECEIVED

SEP 27 1977

MONTANA LEGISLATIVE
COUNCIL

INTRODUCTION

FOCUS on Children is a non-profit organization which provides support services to direct children's services in Region II of the State of Montana. The program is funded through the State 4-C's office with a combination of local and state tax dollars matched with Title XX monies.

Presently, the program is directed at maximizing the use of community, state, and national resources to improve the efficiency and effectiveness of children's services.

The Model Day Care System would be a logical step in the development of the FOCUS on Children Program. Day care has been, since the inception of FOCUS, a prime target area for the program.

STATEMENT OF PROBLEM

There are fifty-eight licensed day care homes in Cascade County, caring for approximately 224 children. No real "system" exists among the homes but rather each operates as a separate entity.

The quality level of the day care provided by the homes varies greatly; from providers who offer the bare minimum of purely custodial care to those who provide stimulating, challenging developmental opportunities, coupled with large doses of loving care.

Parents have no way of assuring themselves that their children are getting a dequate and appropriate care. Too often, a "hit and miss" situation develops, with parents going from one day care facility to the next, trying to work out satisfactory (to the parent, child and provider) arrangements. Daily, the FOCUS Information and Referral Services gets calls from parents who are changing their child's day care situation. A considerable number of changes could be avoided by working out and maintaining satisfactory parent, child/provider relationships, with honest, open communications, expectations and negotiations.

Licensing can (and does) establish a minimum level of care, relative to fire, safety, and health standards. It does not, however, assure any physical setting standards above the minimum nor does it guarantee any quality in terms of developmental program, provider training, or other components of good day care.

Supportive and supplemental services to day care homes, which will become relatively widely available in Great Falls (under PL 94-401, USDA Special Food Service Program and other new programs) are utilized at the discretion of the caregiver. Again, the degree of utilization varies widely, with one home welcoming literally any aid and another home coolly declining all assistance. Presently, for every parent the child

2. comprehensive preschool health screenings (City-County Health Department),
3. USDA Special Food Service Program, 4. Regional Services/Special Education Testing for learning disabilities, 5. Expanded Food and Nutrition Education Program.

Most day care authorities agree that family day care providers are grossly underpaid for the important role they play in the crucial formative years of a child's development. Added to the inadequate compensation schedule are the problems of inconsistent payment, lack of fringe benefits, and allowance for sick leave and vacation. "Back up" or substitute care expenses always come out of the provider's gross income along with the costs of food, insurance, equipment, toys, arts and crafts materials, and other direct day care expenses.

An occupational "disease" in family day care is isolation. Because each home operates in its own sphere very little provider-to-provider communication takes place. Visits by Resource Workers or 4-C's personnel are too infrequent to provide a connecting link.

The result of the combination of all of the previous delineated problems is that family day care in Great Falls is uneven, fragmented and not of the quality possible and desirable.

METHODOLOGY

Twelve family day care homes will be recruited for the model system. The homes may be presently licensed, but system membership will also be open to new licensing applicants. The following criteria will be used in system home selection:

A provider must be willing to:

1. become licensed for at least 3 children.
2. to utilize PL 94-401 training.
3. to use supplemental and supportive services where appropriate.
4. to work with the system coordinator and other professionals.
5. to institute developmental programming.
6. to work with parents.
7. to limit care to system children.

Additionally, the provider must have appropriate and adequate feelings about child care and the potential for developing quality child care.

The provider selection will be composed of the project director, system coordinator, 4-C's staff member, the local resource worker, and a day care provider.

At the time of recruitment, the scope of the program will be explained, with a written contract of responsibilities and expectations to be negotiated.

Children who will be provided care under the system will be recruited from: 1. the ranks of those already under care in the system homes, 2. FOCUS Information and Referral service, 3. Social-Services/WIN, 4. Public advertising. Parents will be informed of the entire program upon their child's entrance, and a suitable contract will be signed. Parent fees will be paid to the system, not to the individual provider.

One full time coordinator will be hired by the system (see job description) with the duties of performing intake and placement functions; following up the placement; coordinating training and support/supplement services; making bi-weekly day care home visits and some other functions.

It is important to note that the facility choice remain the responsibility and right of the parents. The coordinator will make suggestions relative to home/center decisions and recommendations concerning the home or center seeming most appropriate for each family.

An intake interview will be conducted with the parent and the child prior to each child's entrance into the program. At the initial meeting, the appropriate forms and records will be completed.

After the child is placed in a home or center, it becomes the provider's and coordinator's responsibility to maintain the validity of the placement. (Either the provider or the parent may report placement problems or contract violations in writing to the coordinator. The coordinator, in turn, is responsible for achieving a fair and equitable solution to the reported violation.

Each home provider will participate in the local system of training under PL 94-401, in an EFNEP nutrition series, and in the City-County Public Care Health Screening Program, in order to provide supportive/supplemental services to the children.

Providers will be paid a daily contract fee of \$20.00. The system will pay the cost of consumable supplies and insurance. Equipment costs will be provided under "Facilities Improvement" category under PL 94-401. One hundred percent of food costs will be reimbursed by the U.S.D.A. Special Food Service Program. Annual and sick leave will accrue on the basis of one day per month.

One on-call substitute (whose home is licensed) will be utilized: 1. to provide care for children who are too ill to go to their regular provider's home, 2. to provide back-up services to other system homes, 3. to provide

care. The on-call substitute will be paid \$5.00/day/child when his/her services are being utilized.

Monthly meetings of all staff members (including day care homes) plus bi-weekly home visits from the system coordinator will serve to reduce isolation and enhance intrastaff communication.

OBJECTIVES

1. To provide health screening services for 35 children in the model system, as measured by completed screening.
2. To increase correct placement of 35 children in corresponding appropriate system facilities, as measured by a 50% reduction in child replacements due to provider/child/parent interpersonal problems.
3. To increase the quality of child care provided as measured by a 25% improvement on a pre/post evaluation adapted from the Vermont Day Care Assessment by September 30, 1977.
4. To provide 52.5 child-days of emergency crisis day care, if and when it is needed.
5. To enlarge the number of quality day care homes by 6 homes as evidenced by 75% of the system homes functioning independently of system supports after September 30, 1977.

Sept. 27, 1977
1316 1/2 7th Ave. N
Great Falls 59405

Mr. Joe Brand Chairman
Interim Human Services Comm.
State Capitol
Helena, Montana

Dear Joe Brand:

Some comments on human services to reflect the reaction of a volunteer worker in the area of human services.

1- Special Education to begin a 0 years is considered important for Down's Syndrome children, and the State School for the Deaf and Blind has found this age requirement advantageous in the education of deaf children. Perhaps the State law of three years should be lowered to 0 years to improve learning opportunities for all handicapped.

2- Special Education, very well supervised and regulated in most districts, falls in some districts to provide services as intended in State law. Perhaps a method for better supervision of Special Educations records and spending outside the program would be advisable.

3- Developmentally Disabled citizens recently deinstitutionalized are, in my opinion, entitled to every service that we can provide.

a) Governor Judge in a letter of Sept. 12, 1977 tells us "due to some misunderstandings there was insufficient appropriation made by the 1977 Legislature".... to D.D. Division. Perhaps the importance of this funding will be given greater consideration in the future.

b) Exact statistics concerning Boulder River School seem unavailable. Cost is quoted between \$25,000 and \$30,000 per patient per year. Barbara Elliott of Boulder tells us "Now...the institution(Boulder) is being properly funded". Information gained at the MARC convention indicates that although the population of Boulder has decreased due to deinstitutionalization, the appropriation has not decreased. If this is true, perhaps some of this funding should follow the people into the community to help support community programs.

c) Some of these people were learning to read and function in an academic setting, within the year of being deinstitutionalized. The maximum age was lowered ~~to~~ 25 for Public Education; so in Great Falls other programs were substituted. I feel those able to learn should have been given greater consideration.

4- Citizen Advocacy on a one-to-one basis with the developmentally disabled is a very necessary program. It functions not only to protect rights, and provide a friend, but it also provides a monitoring system for other service programs. I agree with Dr. Hamerlynck(Director D.D. Division) in objecting to D.D. Division funding of Advocacy. The D.D. Division must control the programs which it funds, and this limits the ability to advocate for or against the funding agency. This volunteer program is set up in five regions; funding is necessary to maintain a regional office for information and referral, and a director who travels the region recruiting and training volunteers. Region II developed a program with \$26,000 funding last year. Perhaps separate funding for this program could be considered.

Sincerely,

Betty L. McPherson